United States Court of Appeals

for the Second Circuit

APPENDIX

77-6132

UNITED STATES COURT OF APPEALS
FOR THE SECOND CIRCUIT

ELEANOR TIMMONS,

Plaintiff-Appellant,

-vs-

JOSEPH P. CALIFANO, in his official capacity as Secretary of Health, Education and Welfare,

Defendant-Appellee.

B/S

ON APPEAL FROM THE
UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK

APPENDIX

Submitted by,

Monroe County Legal Assistance Corp.
Ian C. DeWaal, of Counsel
Office and Post Office Address
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Rochester, New York 14614
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Attorneys for Plaintiff-Appellant

PAGINATION AS IN ORIGINAL COPY

APPENDIX

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DIST/OFFICE	DOCKET YR.	DOCKET NUMBER	FILING DATE MO.	DAY	YEAR	J	N/S	O	R	R 23	DEMAND $	DEMAND OTHER	JUDGE NUMBER	JURY DEM.	DOCKET YR.	DOCKET NUMBER
209 1	76	0193	04	27	65	2	860	1				Social Security Benefits	0902		76	0193

PLAINTIFFS

TIMMONS, Eleanor

DEFENDANTS

MATHEWS, F. David, in his official capacity as Secretary of Health, Education and Welfare

CAUSE Pltfs. seeks a reversal of a determination of the deft. that she is not disabled within the meaning of Title II of the Social Security Act, as not based on substantial evidence. 42 USC Sec. 405(g)

pah

ATTORNEYS

Ian C. DeWaal, Esq.
Monroe County Legal Assistance Corporation
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Rochester, New York 14614
(716) 325-2520

United States Attorney
(Susan Wick)

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CHECK HERE IF CASE WAS FILED IN FORMA	FILING FEES PAID			STATISTICAL CARDS	
	DATE	RECEIPT NUMBER	C.D. NUMBER	CARD	DATE MAILED
		A		JS-5	
				JS-6	

Civ-76-193 Eleanor Timmons v. F. David Mathews etc.

DATE 1976	NR.	PROCEEDINGS
Dec. 27	1	Filed complaint.
27	2	" motion for leave to proceed in forma pauperis and for appointment of person to serve process.
27	3	" order denying pltf. leave to proceed in forma pauperis. F-175 Appointing Pltfs. atty. to serve the complaint, etc.-Burke, DJ
27		JS 5 made
May 5	4	Filed Pltfs. affidavit of service by mail on Edward Levi.
Nov. 10	5	" Deft's. Answer
1977		
Jan. 24	6	Filed Deft's. notice of motion for an order dismissing the action etc. ret. 2-28-77
Mar. 1	7	" Pltf's. affidavit opposing motion by deft. to dismiss etc.
1	8	" Pltf's. affidavit of service re motion affidavit.
1	9	" Pltf's. notice of motion for an order denying deft's. motion to dismiss etc. & for an order granting pltf' summary judgment ret. 3-14-77
Feb. 28		Motion by Deft. to dismiss or for summary judgment. Adj. to 3-14-77.
Mar. 14		Motion by Deft. to dismiss or for summary judgment. Motion by Pltf. for order denying deft's. motion to dismiss, etc. Submitted.
July 5	10	Filed Decision & Order that the Secretary's determination is supported by substantial evidence. The Sec. is entitled to summary judgment adjudging that the Secretary's decision that pltf. was not under a disability is supported etc-Burke, DJ Notice & copies to Ian C. DeWaal & U.S. Atty. F-190
5	11	Filed Judgment on Decision by the Ct-Clerk Notice & copies to Ian C. DeWaal & U.S. Atty. F-190
5		JS 6 made
Aug. 17	12	Filed Pltf's. affidavit & motion for leave to appeal in forma pauperis
17	13	" Order granting Pltf. leave to appeal in forma pauperis-Burke, DJ F-191
17	14	" Pltf's. Notice of Appeal (copy mailed to U.S. Atty. and to Clerk, CCA with copy of docket entries; CCA's Forms C & D mailed to Mr. DeWaal)

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B CLOSED

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK

ELEANOR TIMMONS,

Plaintiff,

Civ-76-193

vs.

JOSEPH P. CALIFANO, in his official capacity as Secretary of Health, Education and Welfare,

Defendant.

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2. Motion for leave to proceed in forma pauperis and for appointment of person to serve process
3. Order Appointing Process Server
4. Plaintiff's affidavit of service of summons and complaint
5. Defendant's answer with administrative transcript attached
6. Defendant's notice of motion to dismiss the complaint
7. Plaintiff's affidavit opposing motion to dismiss
8. Affidavit of Service, Plaintiff's Notice of Motion and Affidavit

9. Plaintiff's notice of motion for an order denying defendant's motion to dismiss and granting plaintiff summary judgment
10. Decision and order granting defendant summary judgment
11. Judgment on decision by the court
12. Plaintiff's Motion to Proceed on Appeal In Forma Pauperis
13. Order Granting Leave to Proceed on Appeal In Forma Pauperis
14. Plaintiff's notice of appeal

UNITED STATE DISTRICT COURT
WESTERN DISTRICT OF NEW YORK

ELEANOR TIMMONS,

Plaintiff,

-vs-

F. DAVID MATHEWS, in his official capacity as Secretary of Health, Education and Welfare,

Defendant.

SUMMONS

TO THE ABOVE-NAMED DEFENDANT:

You are hereby summoned and required to serve upon IAN C. DEWAAL, Esq., plaintiff's attorney, whose address is:

Ian C. DeWaal, Esq.
Monroe County Legal Assistance Corporation
80 West Main Street
Rochester, New York 14614

an Answer to the Complaint which is herewith served upon you, within sixty (60) days after service of this Summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in this Complaint.

Dated: 4-27-76

S/ John K. Adams
CLERK OF THE COURT

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UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK

ELEANOR TIMMONS,

Plaintiff,

-vs-

F. DAVID MATHEWS, in his official capacity as Secretary of Health, Education and Welfare,

Defendant.

COMPLAINT

Civil Action No.

76-193

Plaintiff, by her attorney, comes before this court and alleges as follows:

I.

PRELLIMINARY STATEMENT

This is an action brought by an applicant for disability benefits under the Social Security Program, 42 U.S.C. Section 423. Plaintiff seeks to have a decision of the defendant, denying her Social Security disability benefits, reversed because the decision was not based on substantial evidence and was a denial of due process of law.

In the alternative, the plaintiff seeks to have the the decision of the Secretary reversed vacated and remanded for a further hearing. Plaintiff alleges that she clearly demonstrated that she was unable to continue her previous employment after the onset of her disability, This offer of

proof by the plaintiff shifted the burden to the defendant to introduce specific evidence that there was another job which the plaintiff could perform. Defendant failed to introduce any such evidence at the Administrative Law Judge hearing.

II.
JURISDICTION

2. Jurisdiction is conferred upon this court by virtue of: 42 U.S.C. Section 405 (g) as there has been a final decision by the Secretary of Health, Education and Welfare, made after a hearing to which the Secretary was a party. This action is brought in the district court for the judicial district in which the plaintiff resides.

III.
PARTIES

3. Plaintiff ELEANOR TIMMONS(Social Security No.073-07-7917), is a citizen of the United States and a resident of New York. She currently resides at 11 Jordan Avenue, Rochester, New York. Plaintiff has been denied Social Security benefits by the defendant after an Administrative Law Judge Hearing.

4. Defendant F. DAVID MATHEWS in his official capacity as Secretary of Health, Education and Welfare is responsible for deciding the eligibility of applicants for Social Security benefits, 42 U.S.C. Section 405 (a),(b). Defendant has delegated this responsibility to the Social Security Administration.

IV
FACTUAL ALLEGATIONS

5. Plaintiff is a 61 year old female who resides with her totally disabled husband Louis Timmons.

6. Plaintiff filed an initial claim for Social Security disability benefits on September 24, 1973, under Title II of the Social Security Act.

7. Plaintiff's initial application for disability benefits was denied on November 16, 1973.

8. The denial of the plaintiff's application was reconsidered after plaintiff's timely request. The denial was upheld by the Social Security Administration on April 3, 1974.

9. Pursuant to plaintiff's timely written request, a hearing was held before an Administrative Law Judge of the Social Security Administration on February 6, 1975.

10. A decision was issued by the Administrative Law Judge on October 6, 1975, which upheld the denial of Social Security disability benefits to the plaintiff (A copy of said decision is attached hereto as Exhibit "A" and incorporated by reference.)

11. The decision of the Administrative Law Judge was timely appealed to the Appeals Council of the Social Security Administration, which ratified the findings of the Administrative Law Judge and upheld the denial in an opinion dated March 1, 1976. (A copy of this decision is attached hereto as Exhibit "B" and

incorporated by reference.)

12. There has been a final decision after hearing by the defendant.

13. Plaintiff has exhausted her administrative remedies.

V.
FIRST CAUSE OF ACTION

14. Plaintiff realleges paragraphs 1 through 13 as though fully set forth hereat.

15. The "Findings" of the Administrative Law Judge (Exhibit "A", Page 9 through 12) are contrary to the evidence and were not supported by substantial evidence, in the following respects among others;

A. Paragraph 4 "Findings" (Exhibit "A" page 10), states:

> "While the claimant alleges impairments involving nerves, internal problems (Exhibit No. 1), as well as abdominal and rectal spasms, depressions and nerves (Exhibit Nos. 9 and 10). The evidence of record fails to establish these impairments, on or before September 30, 1970, to be at a level which would significantly interfere or prevent her from engaging in her former work activity for a continuous period of not less than 12 months."

This finding is not supported by substantial evidence. In fact the evidence conclusively established that plaintiff's recurring physical ailments; allergic and psychosomatic reactions to drugs; constant pain and serious psychological problems, were so serious as to be disabling within the meaning of 42 U.S.C. Section 423(d)(1)(A);

(d)(2)(A); (d)(3). The testimony of the plaintiff concerning the disabling nature of her ailments was fully supported by the medical reports in the record (Exhibit "A", pages 4,5,6,8 and 9).

In the section of the decision entitled "Post Hearing Medical Evidence (Exhibit "A", page 5 and 6) the Adminstrative Law Judge cites medical evidence of a long sustained history of pain and psychological characteristics including "anxiety psychoneurosis with varying degrees of reactive depression and reactions to medication", on the part of the plaintiff.

B. Paragraph 5, "Findings" (Exhibit "A", page 10

states in part:

"The evidence demonstrates that the claimant failed to present new and material evidence relating to her alleged impairments during the period when she was specially insured."

This finding is not supported by substaintial evidence and in fact is contrary to the following recitation of evidence in the decision by the Administrative Law Judge:

1. "Detailed medical records were secured by the the Aministrative Law Judge Post Hearing." (Exhibit "A", page 11).
2. "The claimant seemed confused as to the chronological order of her medical treatment hospitalization. Her cooperation in obtaining additional medical evidence posthearing clarified her assertions concerning her medical history." (Exhibit "A", page 8).

C. Paragraph 6, "Findings" (Exhibit "A", page 10)

states in part:

"Four years after she was last specially insured a medical opinion was expressed that the claimant"... withsuccessful therapy... will be able to work within six months time ... Of course, it is observed that this hinged on "successful therapy."

This recitation of evidence is incomplete and misleading. Dr. Brodows, who made this statement went on to say:

"At the current time, I fell her (plaintiff's) mental, as well as physical condition, probably precludes her working, and certainly has precluded her from working in the past year:" (Exhbit "A", page 4).

D. "It is true that recently, in August 1974, five years after her alleged onset, hypoglycemia was discovered "... playing some role in her illness", also that she suffered from osteorathritis, as well as from postmenopausal, emotional and nervous problems. (Exhibit No. 21) However, The Social Security Act, sections 223 (c)(1)(B) (i) quite emphatically precludes the Social Security Administration from granting disability insurance benefits after the period of special insured status for disability insurance benefits terminates."

This finding is not supported by substantial evidence and in fact is totally contradicted by the only evidence on point in the record. The evidence shows that the plaintiff had a long history of emotional and nervous problems dating back to 1956, as well hormonal problems (Exhibit "A", page 5,6). In 1967, Dr. Madden alluded to a hormonal problem though he thought that an "underlying psychoneurotic pattern is more significant." (Exhibit "A", page 6). The Administrative Law Judge should have related the diagnosis of hypoglycemia in August 1974 back to 1967 when Dr. Madden first alluded to a hormonal problem.

E. Paragraph 8, "Findings" (Exhibit "A", page 11)

states:

"Taking into consideration her age, education, training and work experience, it is found the

claimant was not prevented, in fact form engaging in substantial gainful activity, particularly as an office clerk, on December 15, 1969, as alleged, or on or before September 30, 1970, the date the special earings requirements were last met, for any continuous period of at least 12 months. (Regulations No. 4, section 404.1502(b)."

This finding is not supported by substantial evidence and in fact is contrary to the only evidence in the record on point. The plaintiff gave uncontradicted testimony that Dr. Madden had told her not to go back to her old job as an office clerk-receptionist but seek work that would" place less pressure on her" (Exhibit "A", page 9). In fact, on or before September 30, 1970, plaintiff had been unable to engage in any substantial employment since 1964 (Exhibit "A", page). Dr. Quinlan had stated the plaintiff was totally disabled as of September 24, 1973 (Exhibit "A", "12" thereto). Dr. Brodow, on October9, 1974, reported that the plaintiff has been disabled for the past year (Exhibit "A", page 4). Dr. D'Vorin also reported plaintiff "totally disabled" (Exhibit "A", page 4).

F. Paragraph 9 "Findings" (Exhibit "A", page 11) states:

"In reaching our conclusion we have carefully considered the claimant's subjective symptoms of pain, the various possible explanations of that pain, the totality of claimant's impairments, including pain, treatment and remediability, giving due consideration to the various medical diagnoses and the ability of the claimant to perform specific type of work assuming various levels of functional limitations and/or pain. The claimant's allegations as to the degree of pain experienced are not supported by the weight of evidence and the claimant's testimony on this point cannot be given full weight. The subjective symptoms are inconsistent with the

weight of the medical evidence of record. Some degree of pain is recognized, but found not to exceed a mild to moderate degree which we find would not direct attention from the duties of a job and which could be significantly relieved by oral medication. The pain experienced is found not to be of such a degree as to incapacitate the claimant from doing work of a competitive nature for which the claimant would be qualified by reason of age, education, training and work experience."

This finding is not supported by substantial evidence. In fact, this finding is totally contrary to all the evidence in the record. The testimony of the degree of pain plaintiff experienced is fully supported by the medical evidence. The medical evidence describes a woman with multiple and recurrent ailments including psychological problems which compounded the pain which she suffered and which caused regular allergic reaction to medicine There was specific medical evidence from Dr. Madden (Exhibit "A", page 6), and Dr. Quinlan (Exhibit "A", page 6), as well as plaintiff's own testimony (Exhibit "A", page 9), show that medication was ineffective and just increased her suffering. Any medication used by the plaintiff just intensified her suffering.

G. Paragraph 10, "Findings" (Exhibit "A", page 12) states:

"The opinion as to the claimant's disability expressed by Dr. Quinlan is noted and given consideration, but is not found controlling on the issue of "disability" under this Act. The Secretary, in his Regulations No. 4, section 404.1526, provides "the function of deciding whether or not an individual is under a disability is the responsibility of the Secretary. A statement by a physician that an individual is, or not, 'disabled, 'permanently disabled', 'totally disabled, totally and permanently

disabled', unable to work', or a statement of similar import, being a conclusion upon the ultimate issue to be decided by the Secretary, shall not be determinative of the question of whether or not an individual is under a disability. The weight to be given such physician's statement depends on the extent to which it is supported by specific and complete clincial findings and is consistent with other evidence as to the severity and and probable duration of the individual's impairment or impairments."

This finding is not supported by substantial evidence. Dr. Quinlan's opinion was fully supported by the evidence.

Also, despite the fact that four doctors have stated that the plaintiff has either been unable to continue in her old job or been totally disabled beginning prior to the last date plaintiff was specially insured through the time of the hearing (see paragraph E, "Complaint", infra), the Administrative Law Judge gave the doctors diagnoses no weight whatsoever; despite the fact that they totally agreed with plaintiff's testimony. (See "Complaint", Paragraph "E", infra).

H. Paragraph 11 "Findings" (Exhibit "A", page 12) states:

"While it might be argued that her nervous condition deteriorated in 1974 so that she may have been unable to work at that time, no findings can now be made covering this period nor can it be related back to September 30, 1970 in that degree of severity as to justify a finding of disability some three or four years after she last was specially insured."

This finding is not supported by substantial evidence and is contrary to law. The continuing nature of plaintiff's disability is relevant to determining its onset and current

disabling nature. The Administrative Law Judge failed to make a finding concerning the disabling nature of her psychological problems prior to September 30, 1970, despite plaintiff's doctor's references to her psychosomatic reactions to drugs and psychological problems (Exhibit "A", pages 4,5,6,8 and 9).

16. The medical evidence and plaintiff's testimony are uncontradicated in their description of a woman totally disabled from December, 1969, because of physical ailments and psychological problems.

17. The decision of the defendant, Secretary of Health, Education and Welfare, denying plaintiff's claim for Social Security disability benefits, was not based on substantial evidence.

SECOND CAUSE OF ACTION

18. Plaintiff repeats paragraghs 1 through 16 as though fully set forth hereat.

19. Plaintiff's testimony and the medical evidence clearly demonstrate that plaintiff could not perform the duties of her old job as an office clerk-receptionist.

20. On information and belief, defendant failed to introduce specific evidence to show that there was a particular job which plaintiff could perform, given her age, training, education, experience and disability.

21. The decision of the defendant denied plaintiff due process of law and was not supported by substantial evidence.

WHEREFORE, plaintiff respectfully requests that this court:

1. Reverse the decision of the defendant denying Social Security disability benefits to the plaintiff and order that the Secretary commence paying such benefits retroactive to plaintiff's date of application, in accordance with the requirements of the Social Security Act.

2. Alternatively, vacate the decision of the defendant, hold that plaintiff was incapable of performing her old job, on the last date she was specially insured and remand for a hearing on whether there was any other specific job that plaintiff was capable of performing prior to the expiration of the period for which she was specially insured.

DATED: April 23, 1976

IAN C. DEWAAL, ESQ.
MONROE COUNTY LEGAL ASSISTANCE CORPORATION
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Telephone (716) 325-2520

Attorney for Plaintiff

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

HEARING DECISION

In the case of	Claim for
(Mrs.) Eleanor F. Timmons (Claimant)	Period of Disability and Disability Insurance Benefits
(Wage Earner)(Leave blank if same as above)	073-07-7917 (Social Security Number)

This matter comes within our jurisdiction on a timely appeal by Eleanor F. Timmons, the claimant, from a determination of the Social Security Administration, Department of Health, Education and Welfare, denying the claimant disability insurance benefits under sections 216(i) and 223 of the Social Security Act, as amended.

The record shows the claimant, on September 24, 1973, filed an application for disability benefits, and that on November 16, 1973, the Administration denied the claim. Upon reconsideration, on April 3, 1974, the Administration affirmed its denial on the ground the claimant was not under a "disability" as defined in the above sections of the Act.

After filing a timely written request, a hearing was held in Rochester, New York on February 6, 1975 before the undersigned Administrative Law Judge of the Social Security Administration. The claimant testified but was not represented. She was advised of her right to be represented but decided to proceed without such assistance. Detailed medical records were secured by the Administrative Law Judge post hearing.

APPLICABLE LAW AND ISSUES

The general issues in this matter are whether the claimant is entitled to a period of disability and to disability insurance benefits under sections 216(i) and 223, respectively, of the Social Security Act, as amended. The specific issues are whether the claimant was under a "disability" as defined in the Social Security Act, as currently amended, and if so, when such disability commenced, the duration thereof, and whether the special earnings requirements were met for the purpose of entitlement.

Section 223(d)(1) of the above Act defines a "disability":

"(d)(1) The term 'disability' means--

(A) inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months; * *

(2) For purposes of paragraph (1) (A)

(A) an individual * * * shall be determined to be under a disability only if his physical or mental impairment or impairments are of such severity that he is not only unable to do his previous work but cannot, considering his age, education, and work experience, engage in any other kind of substantial gainful work which exists in the national economy, regardless of whether such work exists in the immediate area in which he lives or whether a specific job vacancy exists for him, or whether he would be hired if he applied for work. For purposes of the preceding sentence (with respect to any individual), 'work which exists in the national economy' means work which exists in significant numbers either in the region where such individual lives or in several regions of the country.

(3) For purposes of this subsection a 'physical or mental impairment' is an impairment that results from anatomical, physiological, or psychological abnormalities which are demonstrable by medically acceptable clinical and laboratory diagnostic techniques.

* * *

(5) An individual shall not be considered to be under a disability unless he furnishes such medical and other evidence of the existence thereof as the Secretary may require."

The Act further provides that the foregoing provisions " . . . shall be applied for purposes of determining whether an individual is under a disability within the meaning of . . ." Section 216(i) with respect to the establishment of a period of disability.

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EXHIBIT "A" Page 2

SPECIAL EARNINGS REQUIREMENT

To be entitled to a period of disability and disability insurance benefits under the Act, an individual must be specially insured. An individual is so insured in any month in which he has " . . . not less than 20 quarters of coverage during the 40-quarter period which ends with the quarter in which such month occurred" (sections 216(i)(3)(B)(i) and 223(c)(1)(B)(i)). The claimant was specially insured for disability purposes at all times to September 30, 1970, but not thereafter.

CLAIMANT'S CONTENTION AND ADMINISTRATION'S DETERMINATION

The claimant takes the position that she has not been able to engage in any substantial gainful activity since December 15, 1969 (Exhibit No. 1) due to a nervous condition and internal problems. The Administration, in denying the claim in its reconsidered determination of April 3, 1974 found, inppart:

> " . . . We find that the previous determination denying your claim for disability insurance benefits was proper under the law.
>
> A person may be considered disabled only if he is unable to perform any substantial gainful work due to a medical condition which has lasted or can be expected to last for a continuous period of at least 12 months. His impairment must be so severe as to prevent him from working not only in his usual occupation but in any other substantial gainful work." (Exhibit No. 3)

PRE-HEARING MEDICAL EVIDENCE

The Genesee Hospital, Rochester, New York (cf. Exhibit No. 11) reported hospitalization from May 11, 1970 - May 17, 1970 due to rectal bleeding tendency. Dr. Madden, her personal physician, at that time, believed that surgery was necessary and a hemorrhoidectomy was done. A chest x-ray found no significant findings. An electrocardiogram showed no diagnostic findings.

Dr. William Quinlan (cf. Exhibit No. 13, dated October 16, 1973) noted that he first saw the claimant in 1956 when she came to him with recurrent abdominal pain. He reported her medical history and included complaints of pain in the neck after an auto accident in 1963; in 1956 she had undergone a hysterectomy performed by Dr. D. Parker. He believed, too, that the "Pt (patient) is depressed at times and crises."

(B) POST - 20/40 DATE

Dr. Quinlan, Exhibit No. 12 had advised, on September 24, 1973, that the patient is " ... unable to work because of her physical condition." He did not further describe her problems.

On October 9, 1974, Dr. Robert G. Brodows, a Board-certified internist, made the following observation and prognosis:

> "Mrs. Timmons is a sixty year old lady who was seen in my office for the first time on August 15, 1974. She has symptoms and chemical findings of reactive hypoglycemia. In addition, she has multiple psychogenic complaints revolving around menopausal depression. She is currently being treated for these diseases. At the current time, I feel that her mental, as well as physical condition, probably precludes her working, and certainly has precluded her from working in the past year. Hopefully, with successful therapy she will be able to work within six months time." (Exhibit No. 14) (Emphasis added)

The Administrative Law Judge notes this described a status some three or four years after the claimant was last specially insured.

Dr. Stephen Dvorin, a psychiatrist at the Genesee Hospital, reported having treated Mrs. Timmons since November 9, 1974 for "severe neurotic depression." The use of anti-depressants were unsuccessful. Through the prescription of Elavil and psychotherapy it was hoped that eventually the problems contributing to her depression would be alleviated. Finding her "incapacitated by multiple somatic complaints

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EXHIBIT "A" page 4

of a functional nature", he believed her to be "totally disabled". (Exhibit No. 17) This treatment also was four years after she last was insured.

II. POST-HEARING MEDICAL EVIDENCE

On February 11, 1975, Dr. John H. Remington, after speaking with the claimant, wrote to me and advised that he first saw Mrs. Timmons on April 26, 1971 upon referral. He found a "normal lower sigmoid and rectum" and that an examination of the anus "showed no narrowing or fissures". On October 12, 1973 he reexamined her and found that "sigmoidoscopy and examination of the lower rectum and anus again was negative." A barium enema also proved to be negative. Dr. Remington did not see her since then. (Exhibit No. 19)

Dr. Robert McVeigh, after obtaining the claimant's consent, sent to this Administrative Law Judge her voluminous medical record kept by Dr. Quinlan, who is now disabled and retired, and himself, which shows the following: (Exhibit No. 21)

> On March 6, 1956, Dr. Daniel Schuster of the Strong Memorial Hospital, Rochester, New York commented about the "very long history of pain" suffered by the claimant and he linked that to her psychological characteristics. He doubted he could modify her illness and believed that she would continue to go "from doctor to doctor". Other reports are in her medical file.
>
> A letter by Dr. Myrtle L. Pleune, dated April 15, 1959, revealed a woman concerned about the loss of her baby in March 1958, and a general concern about taking medication.
>
> On September 8, 1959, Dr. Francis W. Kelly, upon examination, believed that the claimant was " ... "suffering from a long-standing anxiety psychoneurosis with varying degrees of reactive depression" ... which was caused not only by her recent loss of a baby, but by a "much deeper element" extending further back in time. It was his opinion, given his assessment of the intellectual and emotional capacity of Mr. Timmons, that she is in need of "extended psychotherapy."

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EXHIBIT "A" Page 5

Relating to her car accident on May 11, 1963, when her car was rammed in the back by another, Dr. Anthony Talamas reported that she complained of neck pains, and an abdominal complaint, but that the examination was "essentially negative." Dr. J.W. Quinlan, reported that his patient complained of nervousness, but no physical discomfort since the car accident. She was referred again to her psychiatrist Dr. Francis Kelly.

Dr. William L. Madden, on April 1, 1967, stated he had a " ... hard time assessing her responses", especially in regard to medication prescribed by him. He believed further that the " ... underlying psychoneurotic pattern is more significant than is any hormone deficiency." On May 3, 1967, Dr. J.W. Quinlan made similar observations in a letter to Dr. W.L. Madden stating his prescription always seems to lead to complaints of "side effects".

A review of her stay at St. Mary's Hospital, from December 15 - December 22, 1968 due to: "Acute pneumonia involving the lingula and right middle lobe" was undertaken by Drs. Quinlan and Haggerty. Her prognosis was considered good for "pneumococcyx pneumonia"; and it was reported that at the time of discharge her condition was "satisfactory".

Dr. Quinlan noted that he saw the patient in the hospital on January 3, 1969 after having an "emotional reaction" to prescribed drugs. On February 7, 1969 the claimant appeared to suffer from nausea though her appetite returned. She did, however, complain of lack of sleep.

B. [redacted]

St. Mary's Hospital recorded that the patient had a viral infection on September 4, 1973; Darvon compound was prescribed for her pain. It was noted that by September 24, 1973 she appeared very tired as a result of continued viral infection. On November 2, 1973 she had nausea and vomiting.

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EXHIBIT "A" Page 6

On November 21, 1973, Dr. John H. Remington, writing to Dr. Quinlan reported having seen the claimant concerning complaints that "fissures from dilation by Dr. Backus' have not healed. Having difficulty with her bowel movements she used enemas and took milk of magnesia. Dr. Remington's sigmoidoscopic examination revealed "normal intact mucosa"; examinations of the lower rectum and anus "failed to reveal any hemorrhoids or fissure". Barium clysma consultative exams were negative. Dr. Remington advised the claimant to take Dialose Plus.

On August 15, 1974, Dr. R.G. Brodows, reporting seeing Mrs. Timmons, after a referral by Dr. Madden in which the diagnosis had been hypoglycemia. ("Abnormally low blood sugar level" - Merck's Manual, 12th Ed., p. 1072). Medication at that time were Premarin, Darvon and Miltown. Dr. Brodows noted her "remarkable" medical history due to her "multiple psychosomatic complaints." Repeated tests by Dr. Brodows revealed that she did have hypoglycemia and he viewed hypoglycemia as "playing some role in her illness". A suggestion of possible myxedema was also noted. ("Myxedema - characteristic reaction to lack of thyroid hormone in the adult." - Op cit., p. 1154). Two weeks later Mrs. Timmons returned with "multiple psychogenic complaints", but no definite pathology was found. His plan was to increase her estrogen with more Premarin and Neprobamate. On October 3, 1974, Mrs. Timmons was "complaining of severe depression with insomnia, morning headaches, crying spells and a generalized feeling of tiredness." She was placed on 25 mg. of Elavil and her estrogen therapy was discontinued.

Dr. Robert C. McVeigh's report of her visit with him on September 9, 1974 presents the following diagnosis:

"(1) Hypoglycemia - under care of Endocrinologist

(2) Osteoarthritis

(3) Post-menopausal - on Estrogen

(4) Background of nerves and emotional problems." (Exhibit No. 21)

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EXHIBIT "A" Page 7

OTHER EVIDENCE

The documentary evidence indicates that the claimant was born in New York on July 3, 1914. She has a 10th grade education, and testified that she worked as a clerk and a receptionist in industry, and offices in the Rochester, New York area for most of her adult life. Her record of earnings (Exhibit No. 7) reveals a fairly stable, but very low wage history to 1965, except for periods which could be explained by the medical evidence. Alleging exacerbation of her nervous condition, the claimant continually stressed the financial burdens upon her due to her husband's multiple sclerosis which leaves him incapacitated and bedridden. The claimant stated that she had a son, and a daughter who helped her care for him.

At the hearing held in Rochester, New York on February 6, 1975, the claimant appeared without representation; she proceeded without assistance of counsel though informed of the services of two local Legal Aid organizations in the Rochester area. After apprising herself of the nature of the exhibits in her file, the claimant was informed again that she had special insurance status for disability purposes up to September 30, 1970, but not thereafter, and would have to establish her "disability" to have existed on or before that date.

The claimant seemed confused as to the chronological order of her medical treatment and hospitalizations. Her cooperation in obtaining additional medical evidence post-hearing clarified her assertions concerning her medical history.

The claimant's testimony developed a picture of a woman who has had both psychiatric and medical care over an extended period of time. Repeatedly she stated that she had lost a baby citing 1944 (whereas documentary evidence stated it as occurring more recently in 1958); and she noted that her troubles stemmed from a nervous condition and burdens upon her when she worked. She reported that she had also undergone a hysterectomy, and hemorrhoidectomy, but was confused as to their dates.

When asked about her employment experience she stated she had done clerical work all her adult life, but that it required little typing. She had recently worked as a receptionist at a hospital and for an optician, both full time and part time. She stopped working in 1968 due to the pressure upon her, and her physical condition which seemed to confine her to her home. Her concern for her husband's condition only placed more pressure upon her. The Administrative Law Judge observes she made but $288 in 1965 and nothing in 1966 and 1967. She worked in two quarters in 1968 and earned $503. This was her last employment.

She stated that she drove sometimes, but not "that much" since weak spells and impaired vision (due to medications) prevented her from doing a lot of driving. Her sister, son and daughter helped around the house but they do not come that often. Her husband was left bedridden and received $300 per month in disability insurance, and that is their only source of income.

She volunteered that at times she seemed "emotionally unstable", and stated that the complications of past surgery caused her to have past bouts with pneumonia and nervous ailments. She mentioned that the side effects of many of her medications left her often in pain. Daily she has had to use self-help and an enema due to an elimination problem which confines her largely to her home. She reported having to go without sleep due to the "terrible side effects" of medication which left her frightened, weak, dizzy and lightheaded. She felt quite strongly that if she ever went back to work she would go "to pieces". She said her "condition" caused her to lose her last job. Her doctor at the time, Dr. Madden, allegedly told her not to go back to work. He did, she admitted, mention to seek work that would place less pressure upon her.

FINDINGS

After careful consideration of the entire record, the Administrative Law Judge makes the following findings:

1* The claimant filed an application for a period of disability and for disability insurance benefits on September 24, 1973, alleging disability from December 15, 1969.

* numbers added

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EXHIBIT "A" Page 9

2.* The claimant met the special earnings requirements of the Social Security Act, as amended, on December 15, 1969, the date of alleged "disability", and continued to meet them through September 30, 1970, but not thereafter.

3.* The claimant stated in her application that she was born on July 13, 1914 and completed 10 years of schooling, and has worked as an office clerk, but did little typing.

4.* While the claimant alleges impairments involving nerves, internal problems (Exhibit No.1), as well as abdominal and rectal spasms, depressions and nerves (Exhibit Nos. 9 and 10). The evidence of record fails to establish these impairments, on or before September 30, 1970, to be at a level which would significantly interfere or prevent her from engaging in her former work activity for a continuous period of not less than 12 months.

5.* The evidence demonstrates that the claimant failed to present new and material evidence relating to her alleged impairments during the period when she was specially insured. The medical evidence, cited above, displays repeated instances of the claimant having had numerous occasions to visit doctors, specialists, and hospitals concerning her ailments -- many doctors, even quite recently, noted her "remarkable" medical history which had been created by "multiple psychosomatic complaints." (Dr. Brodows, supra).

6.* The claimant did undergo both an hemorrhoidectomy and a hysterectomy, but the hearing record reveals little evidence of her suffering severe complications. In fact, by the end of the specially insured period, (cf. Exhibit No. 11), the Genesee Hospital in Rochester, New York reported no diagnostic findings after laboratory studies, x-rays and an electrocardiogram. (May 11 to May 17, 1970) Four years after she was last specially insured a medical opinion was expressed

* Numbers added

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EXHIBIT "A" page 10

that the claimant " ... with successful therapy ... will be able to work within six months time." (October 9, 1974 - Exhibit No. 14). Of course, it is observed that this hinged on "successful therapy".

7.* It is true that recently, in August 1974, five years after her alleged onset, hypoglycemia was discovered " ... playing some role in her illness", and also that she suffered from osteoarthritis, as well as from post-menopausal, emotional and nervous problems. (Exhibit No. 21) However, the Social Security Act, sections 223(c)(1)(B)(i) quite emphatically precludes the Social Security Administration from granting disability insurance benefits after the period of special insured status for disability insurance benefits terminates.

8.* Taking into consideration her age, education, training and work experience, it is found the claimant was not prevented, in fact, from engaging in substantial gainful activity, particularly as an office clerk, on December 15, 1969, as alleged, or on or before September 30, 1970, the date the special earnings requirements were last met, for any continuous period of at least 12 months. (Regulations No. 4, section 404.1502(b)).

9.* In reaching our conclusion we have carefully considered the claimant's subjective symptoms of pain, the various possible explanations of that pain, the totality of claimant's impairments, including pain, treatment and remediability, giving due consideration to the various medical diagnoses and the ability of the claimant to perform specific types of work assuming various levels of functional limitations and/or pain. The claimant's allegations as to the degree of pain experienced are not supported by the weight of evidence and the claimant's testimony on this point cannot be given full weight. The subjective symptoms are inconsistant with the weight of the medical evidence of record. Some degree of pain is recognized, but found not to exceed a mild to

* Numbers added

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EXHIBIT "A" Page 11

moderate degree which we find would not direct attention from the duties of a job and which could be significantly relieved by oral medication. The pain experienced is found not to be of such a degree as to incapacitate the claimant from doing work of a competitive nature for which the claimant would be qualified by reason of age, education, training and work experience.

10.* The opinion as to the claimant's disability expressed by Dr. Quinlan is noted and given consideration, but is not found controlling on the issue of "disability" under this Act. The Secretary, in his Regulations No. 4, section 404.1526, provides "the function of deciding whether or not an individual is under a disability is the responsibility of the Secretary. A statement by a physician that an individual is, or is not, 'disabled', 'permanently disabled', 'totally disabled', 'totally and permanently disabled', 'unable to work', or a statement of similar import, being a conclusion upon the ultimate issue to be decided by the Secretary, shall not be determinative of the question of whether or not an individual is under a disability. The weight to be given such physician's statement depends on the extent to which it is supported by specific and complete clinical findings and is consistent with other evidence as to the severity and probable duration of the individual's impairment or impairments."

11.* While it might be argued that her nervous condition deteriorated in 1974 so that she may have been unable to work at that time, no findings can now be made covering this period nor can it be related back to September 30, 1970 in that degree of severity as to justify a finding of disability some three or four years after she last was specially insured.

* Numbers added

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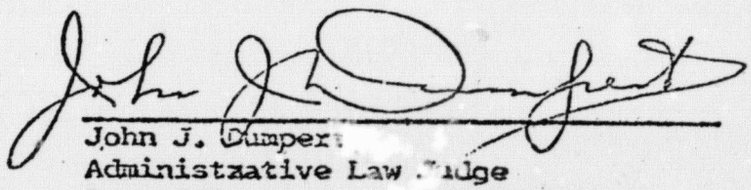
DECISION

It is the decision of the Administrative Law Judge, based on the application filed September 24, 1973 that the claimant is not entitled to a period of disability or to disability insurance benefits under section 216(i) and 223 of the Social Security Act, as amended.



John J. Dumpert
Administrative Law Judge
Room 550 - 1 West Genesee Street
Buffalo, New York 14202

Date: October 6, 1975

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EXHIBIT "A" page 13

Eleanor F. Timmons (Claimant)

078-07-7917 (Social Security Number)

(Wage Earner) (Leave blank if same as above)

EXHIBITS

EXHIBIT NO.	DESCRIPTION	NO. OF PAGES
1	Application for Disability Insurance Benefits, filed September 24, 1973	4
2	Copy of Notice of Determination, dated November 6, 1973	2
3	Copy of Notice of Reconsideration Determination, dated April 3, 1974	1
4	Disability Determination by State Agency, affirmed by Social Security Administration on October 31, 1973	2
5	Disability Determination by State Agency, affirmed by Social Security Administration on March 12, 1974	1
6	Application for Social Security Account Number, dated November 27, 1936 with Request for Change in Social Security Records, dated August 31, 1938	2
7	Earnings Certification, certified October 1, 1973, with attachments	3
8	Medical History and Disability Report, dated September 24, 1973	8
9	Medical History and Disability Report, dated February 4, 1974	8
10	Statement of Claimant, dated October 3, 1974	2
11	Report from The Genesee Hospital, Rochester, New York, covering period May 6, 1970 to May 17, 1970	6
12	Report from J. William Quinlan, M.D., dated September 24, 1973	1

EXHIBIT "A" Exhibits

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Eleanor P. Timsons
(Claimant)

073-07-7917
(Social Security Number)

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(Wage Earner) (Leave blank if same as above)

EXHIBITS

EXHIBIT NO.	DESCRIPTION	NO. OF PAGES
13	Confirmation of Medical Data from J. William Quinlan, M.D., dated October 16, 1973	1
14	Report from Robert G. Brodows, M.D., dated October 9, 1974	1
15	Professional Qualifications, James William Quinlan, M.D.	1
16	Professional Qualifications, Robert Brodows, M.D.	1
	RECEIVED AT HEARING:	
17	Report from Stephen Dvorin, M.D., dated January 31, 1975	1
18	Form Letter to Claimant from Mrs. H. Benson, Disability Examiner, dated February 26, 1974	1
	RECEIVED SUBSEQUENT TO HEARING:	
19	Report from John H. Remington, M.D., covering period April 2[illegible], 1971 to October 12, 1973	1
20	Copy of Letter to Dr. Robert C. McVeigh from Administrative Law Judge, dated February 19, 1975	1

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Exhibit "A" EXHIBITS

Eleanor F. Timmons | 073-07-7917

(Claimant/Applicant) | (Social Security Number)

(Wage Earner) (Leave blank in Title XVI Cases and if name is same as above)

EXHIBITS

EXHIBIT NO.	DESCRIPTION	NO. OF PAGES
21	Dr. Robert C. McVeigh's complete medical record of claimant from 1956 - 1974	67
22	Copy of Letter to Dr. McVeigh from Claimant, dated February 10, 1975	2
23	Letter to Administrative Law Judge from Dr. Robert McWeigh, dated February 14, 1975	1
24	Copy of Letter to Dr. Robert McVeigh from Administrative Law Judge, dated February 25, 1975	1

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EXHIBIT "A" Exhibits

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
P.O. BOX 2518, WASHINGTON, D.C. 20013

REPLY TO: DHA-2
073-07-7917

MAR 1 1976

ACTION OF APPEALS COUNCIL ON REQUEST FOR REVIEW

Ms. Eleanor F. Timmons
11 Jordan Avenue
Rochester, New York 14605

Dear Ms. Timmons:

Your request for review of the decision in your case has been carefully considered by the Appeals Council. The Council considered all the evidence in your case, the applicable law and regulations, the reasoning and the evaluation of the facts in the decision, and your reasons for believing that your claim should be allowed.

The Appeals Council has decided that the decision is correct. Further action by the Council would not, therefore, result in any change which would benefit you. Accordingly, the hearing decision stands as the final decision of the Secretary in your case. The additional evidence received in connection with the request for review of the hearing decision has been considered by the Appeals Council.

With your request for review you submitted a letter from Stephen Dvorin, M.D., dated December 6, 1975, and another from Robert C. McVeigh, M.D., dated December 9, 1975. This additional evidence does not serve to establish your incapacity to perform your usual work activity at a time on or before September 30, 1970, when you last met the special insured status requirements. Accordingly, this material does not warrant a change in the conclusions set forth in the hearing decision dated October 6, 1975.

If you desire a court review of the hearing decision, you may commence a civil action, within sixty (60) days from the date of this letter, in the district court of the United States in the judicial district in which you

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EXHIBIT "B" page 1

reside. See section 205(g) of the Social Security Act, as amended (42 U.S.C. 405(g)), and section 422.210 of Social Security Administration Regulations No. 22 (20 CFR 422.210).

If such action is commenced, the Secretary of Health, Education, and Welfare is the proper defendant. Also, please include your social security number in the Bill of Complaint.

Sincerely yours,

Joseph E. Doneghy
Member, Appeals Council

cc:
Mr. Ian C. DeVaal
Rochester, New York 14614

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ELEANOR TIMMONS,	:	CIVIL NO. 76-47
Plaintiff	:	
- vs -	:	A N S W E R
F. DAVID MATHEWS, in his official capacity as Secretary of Health, Education and Welfare,	:	
Defendant	:	
	:	

The defendant Secretary of Health, Education and Welfare, by its attorneys, Richard J. Arcara, United States Attorney for the Western District of New York, and Eugene Welch, Assistant United States Attorney, herein answers the complaint of plaintiff as follows:

1. The defendant admits the allegations contained in paragraphs 2, 3, 4, 5, 6, 7 (except the initial application was denied on November 6, 1973), 8, 9, 10, 11, 12, 13.

2. The defendant denies the allegations contained in paragraphs I, 15, 16, 17, 19, 20, 21.

3. With respect to paragraphs 14, and 18, defendant realleges his responses as though fully set forth hereat.

4. With respect to plaintiff's request that this case be remanded by the court to defendant, defendant states that plaintiff has not shown "good cause" pursuant to Section 205(g) of the Act, 42 U.S.C. 405(g), to warrant remand.

5. The findings of fact of the Secretary of Health, Education and Welfare are supported by substantial evidence and are conclusive.

6. In accordance with Section 205(g) of the Social Security Act, 42 U.S.C. 405(g), defendant files as part of the answer a certified copy of the transcript of the record including the evidence upon which the findings and decisions complained of are based.

WHEREFORE, defendant prays for judgment dismissing the complaint with costs and disbursements and for judgment in accordance with Section 205(g) of the Social Security Act, 42 U.S.C. 405(g), affirming the decision complained of.

Dated at Rochester, New York, November 9, 1976.

RICHARD J. ARCARA
United States Attorney in and for
the Western District of New York
233 U.S. Courthouse
Rochester, New York 14614

By: EUGENE WELCH
Assistant United States Attorney
Attorney for Defendant,
F. David Mathews, in his capacity
as Secretary of Health,
Education and Welfare
Telephone: 716-263-6762

Eleanor F. Timmons, Claimant and Wage Earner

Account Number, 073-07-7917

COURT TRANSCRIPT INDEX

Eleanor F. Timmons (Claimant) | 073-07-7917 (Social Security Number)

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(Wage Earner) (Leave blank if same as above)

EXHIBITS

EXHIBIT NO.	DESCRIPTION	NO. OF PAGES	Court Transcript Page No.
1	Application for Disability Insurance Benefits, filed September 24, 1973	4	69-72
2	Copy of Notice of Determination, dated November 6, 1973	2	73-74
3	Copy of Notice of Reconsideration Determination, dated April 3, 1974	1	75
4	Disability Determination by State Agency, affirmed by Social Security Administration on October 31, 1973	2	76-77
5	Disability Determination by State Agency, affirmed by Social Security Administration on March 12, 1974	1	78
6	Application for Social Security Account Number, dated November 27, 1936 with Request for Change in Social Security Records, dated August 31, 1938	2	79-80
7	Earnings Certification, certified October 1, 1973, with attachments	3	81-83
8	Medical History and Disability Report, dated September 24, 1973	8	84-91
9	Medical History and Disability Report, dated February 4, 1974	8	92-99
10	Statement of Claimant, dated October 3, 1974	2	100-101
11	Report from The Genesee Hospital, Rochester, New York, covering period May 8, 1970 to May 17, 1970	6	102-107
12	Report from J. William Quinlan, M.D., dated September 24, 1973	1	108

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EXHIBITS

EXHIBIT NO.	DESCRIPTION	NO. OF PAGES	Court Transcript Page No.
13	Confirmation of Medical Data from J. William Quinlan, M.D., dated October 16, 1973	1	109
14	Report from Robert G. Brodows, M.D., dated October 9, 1974	1	110
15	Professional Qualifications, James William Quinlan, M.D.	1	111
16	Professional Qualifications, Robert Brodows, M.D.	1	112
	RECEIVED AT HEARING:		
17	Report from Stephen Dvorin, M.D., dated January 31, 1975	1	113
18	Form Letter to Claimant from Mrs. H. Benson, Disability Examiner, dated February 26, 1974	1	114
	RECEIVED SUBSEQUENT TO HEARING:		
19	Report from John H. Remington, M.D., covering period April 26, 1971 to October 12, 1973	1	115
20	Copy of Letter to Dr. Robert C. McVeigh from Administrative Law Judge, dated February 19, 1975	1	116

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EXHIBITS

EXHIBIT NO.	DESCRIPTION	NO. OF PAGES	Court Transcript Page No.
21	Dr. Robert C. McVeigh's complete medical record of claimant from 1956 - 1974	67	117-183
22	Copy of Letter to Dr. McVeigh from Claimant, dated February 10, 1975	2	184-185
23	Letter to Administrative Law Judge from Dr. Robert McWeigh, dated February 14, 1975	1	186
24	Copy of Letter to Dr. Robert McVeigh from Administrative Law Judge, dated February 25, 1975	1	187

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Eleanor F. Timmons
(CLAIMANT)

073-07-7917
(SOCIAL SECURITY NUMBER)

(WAGE EARNER) (LEAVE BLANK IF SAME AS ABOVE)

AC EXHIBIT LIST

EXHIBIT NO.	DESCRIPTION	COURT TRANSCRIPT PAGE NO.
AC-1	Letter dated December 6, 1975 from Stephen Dvorin, M.D.	188-189
AC-2	Letter dated December 9, 1975 from Robert C. McVeigh, M.D.	190-191

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DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
P.O. BOX 2518, WASHINGTON, D.C. 20013

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REFER TO: BHA-2
073-07-7917

MAR 1 1976

BUREAU OF
HEARINGS AND APPEALS

ACTION OF APPEALS COUNCIL ON REQUEST FOR REVIEW

Ms. Eleanor F. Timmons
11 Jordan Avenue
Rochester, New York 14606

Dear Ms. Timmons:

Your request for review of the decision in your case has been carefully considered by the Appeals Council. The Council considered all the evidence in your case, the applicable law and regulations, the reasoning and the evaluation of the facts in the decision, and your reasons for believing that your claim should be allowed.

The Appeals Council has decided that the decision is correct. Further action by the Council would not, therefore, result in any change which would benefit you. Accordingly, the hearing decision stands as the final decision of the Secretary in your case. The additional evidence received in connection with the request for review of the hearing decision has been considered by the Appeals Council.

With your request for review you submitted a letter from Stephen Dvorin, M.D., dated December 6, 1975, and another from Robert C. McVeigh, M.D., dated December 9, 1975. This additional evidence does not serve to establish your incapacity to perform your usual work activity at a time on or before September 30, 1970, when you last met the special insured status requirements. Accordingly, this material does not warrant a change in the conclusions set forth in the hearing decision dated October 6, 1975.

If you desire a court review of the hearing decision, you may commence a civil action, within sixty (60) days from the date of this letter, in the district court of the United States in the judicial district in which you

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reside. See section 205(g) of the Social Security Act, as amended (42 U.S.C. 405(g)), and section 422.210 of Social Security Administration Regulations No. 22 (20 CFR 422.210).

If such action is commenced, the Secretary of Health, Education, and Welfare is the proper defendant. Also, please include your social security number in the Bill of Complaint.

Sincerely yours,

Joseph E. Doneghy
Member, Appeals Council

cc:
Mr. Ian C. DeVaal
Rochester, New York 14614

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

7

ORDER OF APPEALS COUNCIL
RECEIPT OF ADDITIONAL EVIDENCE

In the case of	Claim for
Eleanor F. Timmons *(Claimant)*	Period of Disability and Disability Insurance Benefits
(Wage Earner) (Leave blank if same as above)	073-07-7917 *(Social Security Number)*

Evidence in addition to that which was before the administrative law judge has been received by the Appeals Council and is hereby made a part of the record. That evidence consists of the following exhibits:

Exhibit AC-1	Letter dated December 6, 1975 from Stephen Dvorin, M.D.
Exhibit AC-2	Letter dated December 9, 1975 from Robert C. McVeigh, M.D.

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APPEALS COUNCIL

Joseph E. Doneghy

Joseph E. Doneghy ,Member

Date: FEB 27 1976

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

42

TRANSCRIPT

In the case of	Claim for
Eleanor Timmons (Claimant)	Disability Insurance Benefits
(Wage Earner) (Leave blank if same as above.)	073-07-7917 (Social Security Number)

Hearing Held

at

Rochester, New York

on

February 6, 1975

APPEARANCES: Eleanor Timmons, Claimant

JOHN DUMPERT, ALJ	DORIS BARTLETT
Hearing Examiner	Hearing Assistant

Form HA-509
(2-71)

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INDEX OF TRANSCRIPT

In the case of:	Account Number:
Eleanor F. Timmons, Claimant	073-07-7917

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(This is the record of a hearing held in the case of Elinor F. Timmons, Claimant, Wage Earner, Account Number 073-07-7917, for a period of disability and Disability Insurance Benefits. The hearing is held in Rochester, New York, on February 6, 1975, before John J. Dumpert, Administrative Law Judge. The hearing assistant is Doris Bartlett. The Claimant is present and testified.)

(The hearing commenced at 10:00 a.m.)

OPENING STATEMENT BY ADMINISTRATIVE LAW JUDGE:

ADMINISTRATIVE LAW JUDGE: Let this hearing come to order.

Mrs. Timmons, as I introduced myself, I am the Judge who must come to a decision in your case. I will not make a decision today. The decision must be in writing under the regulations of the Secretary. And you will receive a copy of that decision when I reach it.

I want to know whether you knew that you had a right to have someone here to represent you if you so desired.

CLAIMANT: Yes, I thought about it. I -- the first time I've had to do anything like this and I just didn't know -- know how to go about it or anything. And I just thought well, maybe if I came and pleaded for myself, no matter how difficult it was, I thought my -- and then the cost involved and everything. I thought, you know --

ADMINISTRATIVE LAW JUDGE: Well, as far as the cost, I do know that the Legal Aid Corporation of Monroe County frequently represents people before me at no cost. And then there's something called the neighborhood legal aid which I

understand exists in Rochester to assist people at no cost. There may be other organizations, too, which are not familiar to me. But that's a decision you must make, whether you want to go ahead with the case without representation.

CLAIMANT: At this point, yes. I --

ADMINISTRATIVE LAW JUDGE: Then listen to me for a moment. I must explain to you that are hearing follows no particular form. There are rules and regulations that we must observe. They're found in the Code of Federal Regulations and in the Federal Administrative Procedure Act. Don't worry about them. I'll see that they're observed.

We may accept into the hearing record evidence in the form which the more formal courts might now allow. So be sure you've told me everything which you think has some bearing on your claim before you leave this room today.

You have the right to an opening and a closing statement. You have the right to argue this matter orally or in writing. And you've got a right to submit oral or written findings of fact or conclusions of law which you propose that I accept as a fact of law in this case.

CLAIMANT: You mean now I have to do that or --

ADMINISTRATIVE LAW JUDGE: No. Not just now. See, let me explain something about the law and the issues.

When a person -- when a woman files a claim for disability benefits under the Social Security Act as you did on September

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24th, 1973, two sections of the law become important. Section 216(i) freezes her wages if she's under a disability. Section 223 gives her the monetary benefits if she's under a disability.

So those two sections define what a disability is and that definition is binding on me. That's the definition I must use to weigh the evidence against.

Disability is the inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 10 months.

If we were to break -- try to break down that definition we'd try first of all the person has to have a medically determinable problem or a number of problems. It has to be severe enough not only to prevent her from engaging in her former work but any work which, by reason of her age, education, training and experience, she might be found capable of doing. And finally, it must not be temporary in nature and it would have to extend over that 12 months period that I mentioned before.

There is another thing which becomes very important in your case. The law provides that a person has to be under this disability at a time when they were especially insured for that purpose.

Now, an individual is specially insured when she has

at least 20 quarters of coverage out of a 40 quarter period ending with the period of disability.

It means that you have to work in 20 quarters or five years out of a 40 quarter or 10 year period and the disability has to exist in that period.

Now, I've looked at your earnings record and that tells me that the last time you worked in 20 quarters out of a 40 quarter period, the last time you were especially insured for disability purposes was September 30, 1970. What's the significance of that date, then. That means that you have to show that your disability began on or before that date. I know you alleged that you last were able to work on December 16, 1969. Well and good if you can prove that that was the last day you were capable of working because of your impairments. That's excellent. You've established your case. But you must prove that you were under a disability as of September 30, 1970, and that disability continues to the time your application was filed in 1973.

If your disability occurs after September 30, 1970, regardless of how severe it would be, regardless of its significance and restricting you, it wouldn't help you under this law at all. So remember that in anything that you tell me, anything that you say to me, we're primarily interested in that period on or before September 30, 1970. Do you understand?

CLAIMANT: I think so.

ADMINISTRATIVE LAW JUDGE: Before this hearing -- oh, are there any questions that you would like to ask me on anything I just told you?

CLAIMANT: I've been told I have enough time in, is that correct?

ADMINISTRATIVE LAW JUDGE: Now, people have the habit or the --

CLAIMANT: The way I understood it --

ADMINISTRATIVE LAW JUDGE: -- or the mistake of connecting this special insurance status which I've just talked to you about with your retirement insurance -- that is with the number of quarters that you have to have at age 62 in order to get retirement benefits.

They are -- the same rule doesn't apply. It's a different requirement that's used in disability. So if you're saying that you have enough quarters for retirement, that may be so. I would --

CLAIMANT: No, no. No, no. No, I mean up until 1970 when I --

ADMINISTRATIVE LAW JUDGE: You have enough quarters --

CLAIMANT: Yes, that's what I mean is to apply for disability. That's --

ADMINISTRATIVE LAW JUDGE: Right. You do.

CLAIMANT: I've been told that I had a -- you know. So

now you're telling me I have got to prove that my condition was severe then as it is now.

ADMINISTRATIVE LAW JUDGE: I didn't say that. I said it has to be severe then to prevent you from working.

CLAIMANT: Working. Well, I can honestly say that it was. Believe me.

ADMINISTRATIVE LAW JUDGE: Let me -- let me do one other thing and then I'll open the hearing up to you fully.

Before the hearing, you were shown a number of papers which are marked for identification was Exhibit 1 through 16. These papers on the right side of the holder. And in addition, you gave me a report from Dr. Steven Avoren (phonetic), dated January 31, 1975, which we have marked for identification as Exhibit 17.

Have you had an opportunity to look through these papers?

CLAIMANT: Yeah, I looked at them but some of it -- you know, doesn't register. Some of it does.

ADMINISTRATIVE LAW JUDGE: Do you want some more time? Do you want some more help on it?

CLAIMANT: That might be a good idea if I'm -- if I'm -- if it's going to be important how I answer if I can get some help on it.

ADMINISTRATIVE LAW JUDGE: Do you want my hearing assistant to -- to go over it with you?

CLAIMANT: I think that would be very nice.

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ADMINISTRATIVE LAW JUDGE: If you -- allright, then. You tell her the papers that you would like to have explained to you and she will give you some idea of it. If she can't, if something for some reason, she's unable to satisfy you, I will also attempt to help you when we come back into this hearing.

CLAIMANT: Okay.

ADMINISTRATIVE LAW JUDGE: We will go on recess.

(Recess)

ADMINISTRATIVE LAW JUDGE: Yes. I asked you to take the opportunity of looking over these papers with my hearing assistant and you did. Now, do you have any questions on these papers?

CLAIMANT: Well, Dr.

ADMINISTRATIVE LAW JUDGE: Warren?

CLAIMANT: No. Dr. -- one from Dr. Dex (phonetic). I had gone because Dr. Dex wanted to operate again and I went to (UNINTELLIGIBLE). And he said he was definitely going to write a letter. And I don't see a letter in there.

ADMINISTRATIVE LAW JUDGE: When did you see Dr. Remington?

CLAIMANT: It was a year after my hemorrhoidectomy.

ADMINISTRATIVE LAW JUDGE: Well, what year would that be?

CLAIMANT: That was -- I know I had the flu pneumonia first and then the hemorrhoidectomy. It's there -- I believe

it was '70 or '71. '70 -- I know it's after I had the flu pneumonia and I went to Dex. He operated and I went to him for about a year. And then I know he was going to operate again and I went to Dr. Remington. And I see he didn't send a letter in. And then I --

ADMINISTRATIVE LAW JUDGE: What kind of a doctor -- what does Dr. Remington specialize in?

CLAIMANT: He's a surgeon.

ADMINISTRATIVE LAW JUDGE: Did he ever operate on you?

CLAIMANT: Oh, no, no. That was Dex. It was for -- they call them proctologists -- proctology. Same thing as Dr. Dex. And then I happened to -- I see Dr. Madden's (phonetic) name there. I didn't evidently think about having him. He sent me to Dr. Brodos (phonetic). And I know he said that he felt that I had had this condition for a long time. And they -- then they just discovered it.

ADMINISTRATIVE LAW JUDGE: What condition are you referring to?

CLAIMANT: Low-blood sugar. Hypoglycemia. And they found I had a very severe case of it. In fact, I can remember there's no report in there about that either. How severe it is. All I know is that it went down as far as 11 which they figure is very low.

And would -- now, like I've only gone to this Dr. McVae (phonetic) once because this Dr. Quinlan (phonetic) is

now out of practice. Now, he has my complete history. Would that help me any?

ADMINISTRATIVE LAW JUDGE: Dr. Quinlan gave us a report.

CLAIMANT: He didn't give you the complete one, did he?

ADMINISTRATIVE LAW JUDGE: It's certainly very short. Now, Exhibit Number 12 and says "Mrs. Timmons is unable to work because of her present condition," which doesn't give us any information at all.

CLAIMANT: Yes, but now they said (UNINTELLIGIBLE). I see there it -- I didn't ask Dr. McVae I guess because I thought that he didn't know me, you know. But he does have my complete records.

ADMINISTRATIVE LAW JUDGE: What would you like to do then? Would you like --

CLAIMANT: Well, do you think that would make a difference?

ADMINISTRATIVE LAW JUDGE: I don't know what they have to present and I don't know over what period. Again, I must bear in mind the 1970 date which we talked about.

CLAIMANT: That's why I'm saying possibly all this now isn't going to mean anything if I've got to go way back to 1970 and get my proof there. So that would be record, would it not? Dr. Avoren is telling me that this is -- is condition that's from way back. But I see he doesn't do that much explaining either so --

ADMINISTRATIVE LAW JUDGE: Well, let me --

CLAIMANT: -- I don't know.

ADMINISTRATIVE LAW JUDGE: Well, let me try to get something in chronological order later on.

CLAIMANT: Okay.

ADMINISTRATIVE LAW JUDGE: In the meantime, you've seen these papers. Do you have any other comments you want to make about them?

CLAIMANT: I don't think so.

ADMINISTRATIVE LAW JUDGE: We're going to admit them into the hearing record as Exhibits 1 to 18.

(Exhibits 1 through 18, having been previously marked for identification, were received into evidence and made a part of the record hereof.)

ADMINISTRATIVE LAW JUDGE: I want you -- this is the time that you have in which you can make any statement you want to and then I'll put you under oath and I'll ask you some questions.

Is there anything that you want to tell me now before I put you under oath?

CLAIMANT: I can't think of anything.

ADMINISTRATIVE LAW JUDGE: Would you raise your right hand, please?

The Claimant, ELEANOR F. TIMMONS, having been first duly sworn, testified as follows:

EXAMINATION BY ADMINISTRATIVE LAW JUDGE:

Q We were talking about doctors -- different doctors that you went to and I wonder if you would now like to discuss them and perhaps out of this discussion, we could find out whether we would recommend that you secure reports from the --.

First of all when you were working back in 1965, were you being treated by any doctor even on a casual basis?

A I've been doctoring for years, way back. I haven't stopped doctoring. And I just happened to think, I didn't see anything there about Dr. Kelly. I've been under -- I was under him.

Q All right. Now, let's try to stay with me for awhile.

A It's just that these things come to me and I -- you know, I'm afraid I'm going to forget them.

Q Who was treating you when you last worked in 1965?

A Dr. Quinlan and I believe Dr. Madden.

Q Dr. Madden?

A Yes, Dr. Madden. He's a gynocologist.

Q What's Dr. Quinlan?

A He's an internist.

Q And why was -- for what reason, for what problems were they treating you?

A Neurosis and many, many physical ailments and all. He took care of the flu pneumonia and I was under his care when I had the hysterectomy. In fact, I've been under his care for the longest of any -- long, long time. And I had to get a new internist and I went to Dr. McVae which I have only seen once.

Q McVae or McKay?

A McVae. I've only seen him once, Judge.

Q And who else after him?

A That's recently, it would be Dr. --

Q No, let's say with in chronological order. After you say McVae -- McKay --

A McVae.

Q McVae. You saw him for one time and then did you see other doctors?

A Yes. I saw -- Dr. Madden had sent me to Dr. Drader or something like that. He's a urologist. And it ended up he thought something about the urethra, I know. And it was related back to the spasms.

Q How frequently do you see this urologist?

A Just -- I saw him just the once.

Q All right. Then you saw him about a urinary problem? Then --

A They had (UNINTELLIGIBLE) urethra. I don't know. Not urinary really. It's more female, I would say.

Q. Who did you see after that?

A. Dr. Brodows, I believe.

Q. How do you spell his name?

A. B-r-o-d-o-w-s, I think that's how he spells it

Q. And what did he see you for?

A. Dr. Madden had sent me to Genesee (phonetic) for tests 'cause he said after -- remember he said after looking over -- really studying my records, he felt that this was a possibility.

Q. What did he see you for?

A. He sent me in there for a test for the low-blood sugar.

Q. Dr. Brodows --

A. And then he sent -- then Dr. Madden sent me to Dr. Brodows.

Q. For what reason?

A. For the low-blood sugar.

Q. How frequently did you see him?

A. At first I saw him a couple of weeks the first time I think. And I talked to him on the phone several times and then I went back again. I know he tried different medications and then I ended up in emergency. And that's when he sent me to the doctor I'm going to now.

Q. Well, maybe --

A. Dr. Dvorin.

Q What's his name?

A Dvorin, I think it is.

Q D-v-o-r-i-n?

A A-n- or something like that.

Q I-n.

A I-n, I don't know.

Q And what has Dr. Dvoren treated you for?

A He's a psychiatrist.

Q I know you had a hysterectomy and a hemorrhoidectomy. Have you had other operations?

A I've had major operation -- I was told I was neglected after my first baby was born. I had a major operation a few years after. I doctored with Dr. Norton.

Q Let me say this. Since you last worked in 1965, have you had any other operations other than the ones I've mentioned?

A That's it. Hemorrhoid -- hysterectomy, hemorrhoidectomy, flu pneumonia. That's all I can think of.

Q You said you ended up in emergency hospital. Was that due to the flu or was it due to something -- some other reason?

A You mean from Dr. Brodows?

Q You said --

A That was from the medication.

Q You said you ended up in emergency hospital. Why?

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A. Because of the medication that I --

Q. You reacted?

A. Reacted -- evidently. I don't. I guess they didn't know what it was and he just said get into emergency as fast as you can. So I got in emergency and they took different tests. And right then and there he said, "I want you to see Dr. --", I can't think of her name. And then I made an appointment with her. And she said, "If you can't afford $45 a call, I won't see you."

So then Dr. Dvorin was -- I told Dr. Brodows. And then he said not to worry about it. That he would get me in a mental health clinic and to see Dr. Dvorin. So that's who I'm seeing now.

Q. Now, before you saw Dr. Dvorin, was there any other doctor that treated you for your nervousness?

A. Yes, Dr. Kelly.

Q. Who?

A. Dr. Kelly. Dr. --

Q. When did he treat you for your nervousness?

A. Different times. After the hysterectomy. After I lost my baby. That was in 1944. That stays with me when I lost the baby and I was working at Kodak.

Q. Was -- how about after the hysterectomy. When was that, incidentally?

A. Dates now are just so confused.

Q Well, just give me five, ten years ago or fifteen years ago.

A It was possibly -- I'm going to guess. Probably about 1950. I'm just guessing, though.

Q And did he see you after that time again?

A Yeah, after an accident I had to go back. After the hysterectomy.

Q I'm trying to determine now how close to 1970 was this accident?

A I can't remember that. I know I was under pressure. Each time that I worked and I know that, even when I worked at Kodak, the doctors there felt that I shouldn't be working. I remember then Dr. Quinlan said I shouldn't be working. But I did because of financial pressures.

Q When you were working, what was your usual job?

A I did different things. I worked in personnel (UNINTELLIGIBLE).

Q Were you primarily a clerical employee?

A I was -- yeah, I would say I did, yeah, clerical work.

Q Could you type?

A I used to be able to type just a little.

Q Give me an idea of what kind of work you did?

A Well, I -- receptionist. I worked at the information desk at the hospital. My last job was at -- well, at

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an optician which was part-time. Then that was receptionist and I would say a little clerical work along with it. All I know it was very difficult each time that I worked but I kept trying because of -- I felt the financial pressure and I felt that --. And now my husband has multiple sclerosis and I was still hoping I could work because, you know, of his disability. But I just know I can't. I just cannot take pressure.

Q Is he employed?

A Oh, no. He's disabled.

Q Other than your husband, who else is part of your family? Who else lives at your --

A My son comes home sometimes. Sometimes he's there. Sometimes he isn't. He's been trying to help us out.

Q But he has a separate home of his --

A Yes.

Q -- of his own?

A Yes. It's just my husband and I.

Q Okay. Do you drive?

A A little bit sometimes. I can't -- sometimes I get to the store. I don't drive that much. I'm -- I have a fear of getting behind the wheel because my vision is affected. And because I get these awful weak spells.

Q What's wrong with your vision?

A Evidently comes from --

Q Now, tell me what happens to your vision?

A. I just can't see as well. I just get these -- medication. Lots of times medication will cause it. I know just recently he tried about at least eight different medications once a week. I can't seem to tolerate medications. And then I get these spells where I feel like I'm going to pass out and I know all these symptoms that I get are related to the blood sugar, they tell me. And now they tell me that also some of these symptoms could be related to the neurosis. So evidently -- I mean I think Dr. Brodows mentioned it was a combination. But Dr. Madden has been treating me for depression.

Q. Is your husband bed-ridden?

A. At times, he -- he's up and down. Sometimes he's worse, but he's gradually getting worse. He's on a cane. He's --

Q. Do you --

A. -- worked. He's had it for many years and they didn't discover it.

Q. Do you take care of his needs? Do you maintain the house, do the cooking?

A. Sometimes. When I can, I do a little bit of it. My sister comes and helps me when I'm incapacitated. My daughter comes sometimes.

Q. Is your husband receiving disability benefits?

A. Yes, he is. When he was left out of pension and

we're trying to live on less than $300. And very difficult. And I don't -- with this financial pressure. If I could just get some relief from this financial pressure, possibly this might help even for awhile.

Q Is there anything further that you want to tell me?

See, this electronic system doesn't pick up a shaking of the head. Would you say yes or no?

A Oh, well, would it help any if I explained any of these symptoms that I had to you?

Q I think it would. Why don't you tell me?

A Okay. I think the complications from way back -- from the surgery at any time and also from the pneumonia that time, I kept getting relapses. And it affected my nerves and depression. And I was emotionally unstable and I have been. And I think that the complications and between the neurosis and complications from surgery, it's just too much for me to handle. And I just -- and if I've had this low-blood sugar, this could be some of my symptoms. Side-effects from the medication which if I could take some medication, that might give me some help. I can't sleep at night. I keep trying to get the medication and I just get terrible side-effects. I just can't seem to -- and I think another thing came to mind. I doctored with Dr. Heckel (phonetic) years ago and he's the one that sent me to Dr. -- Dr. Heckel

and I can't think of the other doctor that delivered the baby. He sent me to Dr. Kelly and he treated me for a long time.

I -- I can still remember all these terrible, terrible side effects that I got from all the injections and medications that he gave me.

And I hesitate to take medications because it's so frightening -- some of the things that it d[illegible]ne. And I sometimes still try thinking it's going to

And I get these spells where I just think I'm going to pass out. I get so weak and dizzy and light-headed. And I'm -- it just seems I'm never without pain. I have pressure and pain in the rectum. And that's another thing that Dr. Remington was going to write and tell how I -- I'm subjected with -- confined to my home because of elimination. I have to use self-help. I'm supposed to be taking en enema every day. He was very annoyed because Dr. Quinlan wasn't helping the spasms. And I know he said Dr. Dex was going to operate again.

And I froze. And that's when I went to Dr. Remington and Dr. Remington said that no way did I need another operation. So he said to go back to your medical doctor. And then he said it left me with very weak muscles. Something that I had to learn to live with. And I know --

Q You mean weak muscles in the rectal -- rectal area?

A Rectal -- yeah. The intestinal tract and the weak muscles. I have hernia there. And I have to use self-help to eliminate and this goes on daily -- every day. So that alone --

I can't sleep at night and I can't -- and it's not helping any. And Dr. Dvorin is trying so hard to find medication that will -- that I can tolerate. And so far I know he hasn't been successful at that. And he feels that this is from way back.

I asked him if some of it could be family-history related. He said, "Yes.". But he feels that it -- most of it is psychological. And I don't know what else to tell you except that I just do not feel that at this point -- and I didn't feel back then even when I worked. It was very, very difficult on me. And I'd go to pieces then. But I felt financially that I -- you know, had to do it.

And then I lost my job in Walding Optician. I -- the doctor -- I wasn't able to go back to work. And they just said, "We're sorry. We can't hold your job." So I lost my job because of my condition.

And I know Dr. Madden was confused. He said, "No, I don't know. You can't go to work now." He said, "And if you should ever try to go back to work, don't ever go back to Walding Optician." He said, "It's one of the worst places to work." So I was under pressure there. And I know -- it's not

been easy and I just plead that I get some, you know, relief now and some help now. And maybe Dr. Dvorin can do something for me. And God only knows, if I can go back to work in time, certainly I'm not going to object to it.

Q You -- you've told me there are several doctors have treated you including -- and you've emphasized the family physician -- Dr. Quinlan. And you think he has some records on you?

A Dr. McVae has those records now. Dr. Quinlan has not bee well for quite some time and he --

Q Well, why don't you contact Dr. McVae and see if you can't have him send those records to me.

A Records --

Q And I'll return them to him.

A I'd be very happy to. Anything that you say.

Q Well, I'm -- it's a suggestion since you think they're so important.

A I don't know if they're important. I don't know how -- you know, at this point, it seems like they are when I realize how important it is at that particular time. It may prove that my neurosis -- the psychological -- that causes the physical which is what Dr. Dvorin is claiming now. And evidently what the low-blood sugar. Nobody seems to know how long. They just don't know how long I've had that. But some of the symptoms relate to that. And some -- they could --

some of the symptoms or the same, I guess. According to Dr. -- from what I understand, Dr. Dvorin seems to think that I have a combination.

But at this point whether Dr. Remington -- why, he refused. I don't know. Sometimes they say they're going to do something and then they don't cooperate. And I don't know why.

Q. Well, he may have forgotten. Perhaps you should remind him.

A. I called. I called and asked and she's -- the girl said that --

Q. When did Dr. Remington see you?

A. He saw me a year after because I know Dr. Dex was going to operate --

Q. A year after what?

A. A year after -- well, let's see -- Dr. Dex. A year after the hemorrhoidectomy because I doctored with Dr. Dex for a year and a half --

Q. But that was -- that seems to be quite a number of years ago.

A. That was after the -- that was right after the flu pneumonia. Right after -- and I lost my job when the flu pneumonia. And then I went in for the hemorrhoidectomy. And then I doctored with Dr. Dex for a year after -- a complete year. He gave me very, very painful treatments -- stretching

of the rectum and so forth. And then he said he would have to operate again. He had to give me more room, he said.

Q We're talking about Dr. Remington.

A Then I went to Dr. Remington because I froze. I just didn't feel that I could go under, you know, surgery again. I just didn't feel up to it and I froze. I was frightened half-to-death.

Q All right. You'll get in touch with Dr. McVae and Dr. Remington again to see if you can't get any reports from them.

Is there anything further you want to say?

A I don't know now. Maybe Dr. Madden, too. I didn't even think to ask him to send a report because I thought that Dr. Quinlan and Dr. Madden was together. And Dr. Quinlan would have (UNINTELLIGIBLE).

Q Well, if Dr. McVae has all the reports --

A He has the complete records so that would take care of it, wouldn't it?

Q I think so.

A Okay.

Q It's up to you now and we'll hold the hearing record open until you advise us that you either are successful or that you have nothing further to produce.

A I will definitely see if I can --

Q And you will get a report from Dr. McVae --

A Remington and -- Remington.

Q Listen to me. Listen to me.

A Sorry.

Q You will get a report from Dr. McVae and you will try to get a report from Dr. Remington. And anybody else whom you think has some information which might help me make a decision.

The hearing is closed.

(The hearing was closed at 11:25 a.m.)

C E R T I F I C A T I O N

I have read the foregoing and hereby certify that it is a true and complete transcription of the testimony recorded at the hearing held in the above case before Administrative Law Judge John J. Dumpert.

Jodi Casares
Transcriber

A 71

73 OCT 15 NY 10:53

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration

Form Approved
OMB No. 72-R0530

APPLICATION FOR DISABILITY INSURANCE BENEFITS

(Do not write in this space)

ROCHESTER, N. Y.
69
SEP 24 73
21108 GAP
SSA DISTRICT OFFICE

If you are awarded monthly benefits based on this application, you will automatically have hospital and medical insurance protection under Medicare after you have been entitled to social security disability benefits for 24 consecutive months or at age 65, whichever occurs first.

NOTICE.—(a) Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act, or (b) whoever, having received a payment for the use and benefit of another person, knowingly and willfully uses such payment for other than the person for whom it is received is subject, under the Social Security Act, to a fine of not more than $1,000 or 1 year's imprisonment, or both.

I hereby apply for a period of disability and/or all insurance benefits payable to me under Title II and Title XVIII of the Social Security Act, as amended.

1. Print your full name (*First name, middle initial, last name*): ELEANOR F TIMMONS

(*Check One*) ☐ Male ☒ Female

Enter your Social Security number: 073 | 07 | 7917

2. Enter your date of birth (*Month, day, and year*): 7/3/14

Enter the name of the State or foreign country where you were born: NY

3. (a) Have you (or has someone on your behalf) ever before filed an application for a period of disability or social security benefits?
☐ Yes (*If "Yes," answer (b), (c), (d), and (e).*)
☒ No (*If "No," go on to item 4).*

(b) What kind of application did you file (*for example, wife's, widow's, disability*)?

(c) Enter name of person on whose earnings record you filed other application

(d) Enter Social Security Number of person named in (c) (*If unknown, so indicate*)

(e) Are you now receiving benefits on this record? ☐ Yes ☐ No

4. What is your disability? (*Briefly describe your impairment, that is, the injury or illness that prevents, or has prevented, you from working.*)

NERVOUS CONDITION, INTERNAL PROBLEMS

5. (a) When did you become unable to work because of your disability? Date (*Month, day, and year*): 12/15/69

(b) Are you still disabled?
☒ Yes (*If "Yes, go on to item 6.*) ☐ No (*If "No," answer (c).*)

(c) If you are no longer disabled, enter the date you were again able to work. → Date (*Month, day, and year*)

6. Check any of the following which apply to you:

(a) ☐ Confined in a medical institution other than a general hospital
(b) ☐ Patient in a general hospital
(c) ☐ Confined in bed at home
(d) ☐ Confined in a chair (*Including wheel chair*)
(e) ☐ None of the above but unable to go outside
(f) ☐ Able to go outside but only with help of another person or device
(g) ☒ Able to go outside without help

FORM SSA-16 (3-73) (*Over*)

EXHIBIT NO. 1 (4 PAGES)

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7. (a) Have you EVER filed (or do you intend to file) claim(s) for disability benefits under any workmen's compensation law or plan?
☐ YES *(If "Yes," answer (b) and (c).)* ☑ NO *(If "No," go on to item 8.)*

(b) Workmen's compensation claim numbers

(c) Has there been any decision or any TYPE of payment (e.g., lump sum, partial, total, permanent, temporary, etc.) made on any claim filed?
☐ YES *(If "Yes," go on to item (d).)* ☐ NO *(If "No," go on to item 8.)*

(d) Date of latest decision _____ *(Show month, day and year.)*
☐ Claim Awarded. If awarded, go to item (e).
☐ Claim Denied. If denied, go to item (f).

(e) The award was for a
☐ Lump sum payment of $_____ for _____ weeks.
☐ Weekly, bi-weekly, or monthly payment *(circle the correct type)* of $_____.
The period(s) covered by the above payment(s) was _____ *(month, day, and year)* to _____ *(month, day, and year)*

(f) Have you or has someone on your behalf filed an appeal of any decision or Payment made?
☐ YES ☐ NO

8. Did you work in the railroad industry any time on or after January 1, 1937?
☐ Yes ☑ No

9. (a) Were you in the active military or naval service after September 7, 1939?
☐ Yes *(If "Yes," answer (b), (c), and (d).* ☑ No *(If "No," go on to item 10.)*

(b) Enter name of branch *(Army, Navy, etc.)* and country served *(If other than U.S.A.)*	(c) Enter dates of service below: From:	To:
(d) Have you received, or do you expect to receive, a benefit from any other Federal Agency? ☐ Yes *(If "Yes," answer (e).)* ☐ No *(If "No," go on to item 10.)*	(e) Name the other Federal agencies	

10. • Enter below the names and addresses of all the persons, companies, or Government agencies for whom you worked during the last 12 months.
• If you worked in agricultural employment, give this information for this year and last year.
If neither of the above applies, write "None" below and go on to item 12.

NAME AND ADDRESS OF EMPLOYER *(If you had more than one employer, please list them in order beginning with your last (most recent) employer)*	WORK BEGAN Month	WORK BEGAN Year	WORK ENDED *(If still working show "Not Ended")* Month	WORK ENDED Year
NONE				
(If you need more space, use "Remarks" space on the back page.)				

11. May the Social Security Administration or the State agency reviewing your case ask your employers for information needed to process your claim? ☑ Yes ☐ No

12. Were you self-employed this year, last year, or the year before?
☐ Yes *(If "Yes," answer item 13.)* ☑ No *(If "No," go on to item 14.)*

13.

CHECK THE YEAR OR YEARS IN WHICH YOU WERE SELF-EMPLOYED	IN WHAT KIND OF TRADE OR BUSINESS WERE YOU SELF-EMPLOYED? *(For example, storekeeper, farmer, physician)*	WERE YOUR NET EARNINGS FROM YOUR TRADE OR BUSINESS $400 OR MORE? *(Check "Yes" or "No")*
☐ This Year		
☐ Last Year		☐ Yes ☐ No
☐ Year Before Last		☐ Yes ☐ No

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14. How much were your total earnings last year? *(Count both wages and self-employment income. If none, write "None")* ..... $ 0

15. (a) How much have you earned so far this year? *(If none, write none)* $ 0

(b) Did you receive any money from your employer(s) on or after the date in item 5(a) when you became unable to work because of your disability? ☐ Yes ☑ No

(c) Do you expect to receive any additional money from your employer such as sick pay, vacation pay, or other special pay? ☐ Yes ☑ No

If your answer to (b) or (c) is "Yes," please give amounts and explain in "Remarks" on the back page.

16. (a) Check (✓) whether you are:

☑ Married *(Whether living together or separated)* ☐ Widowed ☐ Divorced ☐ Single

(If you checked "MARRIED" or WIDOWED," complete (b) and (c) if appropriate.) *(If you checked "DIVORCED" or "SINGLE" go on to item 18.)*

(b) Enter your wife's maiden name or your husband's name	Date of birth *(If unknown, give age)*	Date of marriage	Date of death *(If deceased)*	Your wife's or your husband's Social Security Number *(If none or unknown, so indicate)*
LOUIS C TIMMONS	1/26/08	11/25/37		073-05-5912A

(c) If you are a married woman, was your husband receiving at least one-half of his support from you at the time you became unable to work because of your disabling condition, or is he receiving at least one-half of his support from you now? ☐ Yes ☑ No

17. Answer item 17 ONLY if your husband or wife is applying for benefits.

(a) Check (✓) whether your marriage was performed by:

Clergyman or authorized public official ☐, or other ☐ ..... *(Explain)*

(b) Were you married before your present marriage? ☐ Yes ☐ No

(If "Yes," give the following information about each of your previous marriages.)

Previous marriage	To whom married	When *(Month, day, and year)*	Where *(Enter name of city and State)*
	How marriage ended	When *(Month, day, and year)*	Where *(Enter name of city and State)*
Previous marriage	To whom married	When *(Month, day, and year)*	Where *(Enter name of city and State)*
	How marriage ended	When *(Month, day, and year)*	Where *(Enter name of city and State)*

(Use "Remarks" space on back page for information about any other marriage.)

Your children *(including natural children, adopted children, and stepchildren)* or dependent grandchildren *(including step-grandchildren)* may be eligible for benefits based on your earnings record.

18. (a) Do you have ANY children who are now or were in the past 12 months UNMARRIED and:

	Number of children *(If none, write "None")*
• UNDER AGE 18	0
• AGE 18 TO 23 AND ATTENDING SCHOOL	0
• DISABLED OR HANDICAPPED (18 or Over and disability began before Age 22)	0

If you have children who may qualify for benefits under any of the above conditions, answer (b) and (c).

(b) Full Name of Child	Full Name of Child

(c) Do you wish to apply on behalf of all the children named in (b) for all insurance benefits payable to them under Title II of the Social Security Act, as amended? ☐ Yes ☐ No

If you are not applying for any child you name, enter the child's name under "Remarks" (back page of this form) and explain why you are not applying for such child. You may apply for a child even though you do not wish to be the payee for the child's benefits.

(Over)

A 74

19. Do you have a dependent parent who was receiving at least one-half of his or her support from you when you became unable to work because of your disability?

☐ Yes ☑ No

73 OCT 15 NY 10:53

20. Do you authorize any physician, hospital, agency, or other organization to disclose to the Social Security Administration or to the State agency that may review this application or your continuing disability, any medical records or other information about your disability?

☑ Yes ☐ No

YOU MUST NOTIFY THE SOCIAL SECURITY ADMINISTRATION PROMPTLY IF:

- Your MEDICAL CONDITION IMPROVES so that you would be able to work, even though you have not yet returned to work.
- You GO TO WORK whether as an employee or a self-employed person.
- You apply for periodic benefits under any workmen's compensation law or plan.
- You are DISCHARGED FROM THE HOSPITAL if you are now hospitalized.

21. Do you agree to notify the Social Security Administration promptly if any of the above events occur?

☑ Yes ☐ No

Remarks: (*This space may be used for explaining any answers to the questions. If additional space is required, attach separate sheet.*)

I almost not absolutely sure of 1969 — my onset may have been 1970 — my earnings record will show which year is correct,

IMPORTANT INFORMATION. PLEASE READ CAREFULLY.—A claimant for disability insurance benefits is required to submit medical evidence showing the nature and extent of his disability during the time he alleges he was under a disability. If such evidence is not sufficient to arrive at a determination, he may be requested to have an independent medical examination at the expense of the Social Security Administration. Should Social Security obtain information useful to his physician for treatment, such information may be furnished to him.

I know that anyone who makes a false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal Law. I affirm that the above statements are true.

SIGNATURE OF APPLICANT

Signature (*First name, middle initial, last name*) (*Write in ink*)

SIGN HERE ➧ Eleanor T. Timmons

Date (*Month, day, year*) 9/24/73

Telephone Number(s) at which you may be contacted during the day 716-227-1875

Mailing Address (*Number and street, Apt. No., P.O. Box, or Rural Route*)

11 JORDAN AVE

City and State: ROCHESTER NY

ZIP Code: 14606

Enter Name of County (if any) in which you now live: MONROE

Witnesses are required ONLY if this application has been signed mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address (*Number and street, City, State, and ZIP Code*)	Address (*Number and street, City, State, and ZIP Code*)

U.S. GPO: 1973—514-926/369

A 75

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BALTIMORE, MARYLAND 21241

73

November 6, 1973

BUREAU OF
DISABILITY INSURANCE

REFER TO:
073-07-7917

Mrs Eleanor F Timmons
11 Jordan Ave
Rochester NY 14606

Dear Mrs. Timmons:

We have determined that you are not entitled to disability insurance benefits because you do not meet the disability requirement of the law. In reaching this decision we considered how much your condition has affected your ability to work. After carefully studying your records, including the medical evidence and your statements, and considering your age, education, training, and experience, it has been determined that your condition was not disabling within the meaning of the law on any date through September 30, 1970. This is the last day on which you still met the earnings requirement. An explanation of the disability requirement and the earnings requirement is given on the back of this notice.

If you believe that this determination is not correct, you may request that your case be re-examined. If you want this reconsideration, you must request it not later than 6 months from the date of this notice. You may make your request through any social security office. If additional evidence is available, you should submit it with your request. Please read the enclosed leaflet for a full explanation of your right to question the determination made on your claim.

If you have questions about your claim, you may get in touch with any social security office. Most questions can be handled by telephone or mail. If you visit an office, however, please take this letter with you.

Sincerely yours,

Harold G. Wanzer

Harold G. Wanzer
Director, Division of Initial Claims

Enclosure:
SSI-58

SSA-L807.4F (3-72)

EXHIBIT NO. 2 (2 PAGES)

A 76

74

IMPORTANT INFORMATION

Under the Social Security Act, a person may qualify for disability insurance benefits only if he meets both the earnings requirement and the disability requirement of the law. The information below explains these requirements:

The Earnings Requirement:

- A person whose disability began before age 24 meets the earnings requirement if he has social security credits for 6 calendar quarters (1½ years) of work during a 12-quarter (3-year) period ending with a quarter before age 24 in which he is disabled.
- A person whose disability began between the ages 24 and 31 meets the earnings requirement if he has social security credits for work in at least one half of the calendar quarters in the period beginning with the calendar quarter after age 21 and ending with a quarter before age 31 in which he is disabled.
- A person whose disability began at age 31 or later needs to meet two provisions of the earnings requirement. One, he needs credit for 20 calendar quarters (5 years) of work during a 40-quarter period (10 years) ending in or after a quarter in which he is disabled. And second, he needs credit for one calendar quarter of work for each year after 1950 (or after reaching age 21, if that is later) up to the year his disability began. In the second instance, the credits may have been earned at any time.

If a person does not have credit for the amount of work shown above he is not eligible for disability insurance benefits.

The Disability Requirement:

A person may be considered disabled only if he is unable to perform any substantial gainful work due to a medical condition which has lasted or can be expected to last for a continuous period of at least 12 months. His impairment must be so severe as to prevent him from working not only in his usual occupation but in any other substantial gainful work considering his age, education, training, and work experience.

The decision on your claim was made by the Social Security Administration on the basis of a disability determination by an agency of the State in which you live. Physicians and other trained disability evaluation personnel in the State agency participate in making such determinations.

Definitions of disability are not the same in all government and private disability programs. Government agencies must follow the particular laws which apply to their disability programs. Therefore, a finding by a private organization or another government agency that a person is disabled would not necessarily mean that he meets the disability requirement of the Social Security Act.

No benefits may be paid to the wife, husband, or child unless the wage earner or self-employed person is entitled to disability insurance benefits.

This notice concerns only your disability application. It is not a decision as to whether retirement, survivors, or hospital and medical insurance benefits are payable.

According to your present earnings record and the date of birth you gave us, you have enough credit for work under social security to qualify you for retirement benefits at age 62.

F-3-72

A 77

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

SOCIAL SECURITY ADMINISTRATION

BALTIMORE, MARYLAND 21241

75

APR 03 1974

BUREAU OF
DISABILITY INSURANCE

REFER TO:
DDI-67
073-07-7917

NOTICE OF RECONSIDERATION DETERMINATION

Mrs. Eleanor F. Timmons
11 Jordan Avenue
Rochester, New York 14606

Dear Mrs. Timmons:

Upon receipt of your request for reconsideration, we had your claim independently reviewed by a physician and disability examiner in your State agency which works with us in making disability determinations. All the evidence in your case has been thoroughly evaluated; this includes the medical evidence and the additional information received since the original decision. A careful review has been made of this evidence taking into consideration your age, education, training and work experience. We find that the previous determination denying your claim for disability insurance benefits was proper under the law.

A person may be considered disabled only if he is unable to perform any substantial gainful work due to a medical condition which has lasted or can be expected to last for a continuous period of at least 12 months. His impairment must be so severe as to prevent him from working not only in his usual occupation but in any other substantial gainful work.

If you believe that the reconsideration determination is not correct, you may request a hearing before an administrative law judge of the Bureau of Hearings and Appeals. If you want a hearing, you must request it not later than 6 months from the date of this notice. You may make your request through any social security office. Read the enclosed leaflet BHA-1 for a full explanation of your right to appeal.

If you have questions about your claim, you should get in touch with any social security office. Most questions can be handled by telephone or mail. If you visit an office, however, please take this letter with you.

ISSUED BY: Division of Reconsideration
Bureau of Disability Insurance

Enclosure (1)

EXHIBIT NO. 3 SSA-L681 (10-73)

A 78

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

FORM APPROVED
BUDGET BUREAU 72R523.5

DISABILITY DETERMINATION AND TRANSMITTAL

1. FOLDER TO: BDI ☐ SA ☒ DIO ☐ — 2. DATE APP'D. 9/24/73

3. W/E (If Auxiliary Filing) — RSI W/E ☐ DIB W/E ☐ — 4. SOCIAL SECURITY NUMBER 073-07-7917 76

5. NAME AND ADDRESS OF CLAIMANT
Eleanor F Timmons
11 Jordan Ave
Rochester Monroe NY 14606

6. DB 7/3/14 — 7. SEX M ☐ F ☒ — 8. RACE W ☒ N ☐ O ☐ — 9. AOD 12/15/69 — 10. AT AGE 55

11. CLAIM FOR: FREEZE ☐ DIB ☒ CHILD ☐ DWB ☐ — 12. FAMILY STATUS: MAR. ☒ SG. ☐ NO. CHILDREN (UNDER 18) 0 — 13. QC REQ. LAST MET ☐ SL

14. ☐ W/E DOES NOT MEET QC REQ. A. ☐ DIS. BDI REVIEW B. ☐ SINCE LAST DET. — 15. PREV. DENIED OR TERM. ☐ — 16. NON-DIS. DEV. IN PROGRESS ☐ — 17. MED. DEV. DEF. ☐

18. S A CODE 330 — 19. STATE New York — 20. DISTRICT OFFICE ADDRESS Federal Building Rochester, New York 14614 — DO CODE 108 — RO CODE 21

FILE REVIEWED & APPROVED FOR TRANSMITTAL
21. DO/BO REPRESENTATIVE C. Lienhart
22. DATE OF TRANSMITTAL 9/24/73

23. REMARKS 716 - 227-1875
1973 SEP 26 NY 9:02
TELEPHONE NO.:
PRESCRIBED PERIOD: Beginning _____ Ending _____

PURSUANT TO PROVISIONS OF SEC. 221 OF SOCIAL SECURITY ACT, IT IS DETERMINED THAT THE CLAIMANT:

24. ☐ HAS BEEN UNDER A DISAB. SINCE
25. ☐ WAS UNDER A DISAB. A. DATE FROM B. TO
26. ☒ WAS NOT UNDER A DISAB. ON OR BEFORE (Date) 9/30/70
27. ☒ WAS NOT UNDER A DISAB.
28. CASE OF BLINDNESS AS DEFINED IN SEC. 216(i) A. ☐ NOT UNDER A DISAB. FOR CASH BENE. PURP. B. ☐ UNDER A DISAB. FOR CASH BENE. PURP. SINCE
29. DIAGNOSIS FATIGUE ABDOMINAL PAIN
30. MCA CODE 6

31. VOCATIONAL BACKGROUND (Occupation) CLERK — OCC. YEARS UNK — EDUC. YEARS 10

32. BASIS FOR DETERMINATION — REG-BASIS CODE F2- 1502(a) — LISTING

☒ CONTINUED ON ATTACHED SHEET (Use SSA-834)

(RELEASE DATE OF FOLDER TO BDI) OCT 25 1973

33. REC. RE-EXAM ☐ NONE ☐ _____ (Date) ☐ HOSP.
34. DISABILITY EXAMINER S A William Calvin — 35. DATE 10/24/73 — 36. REVIEW PHYSICIAN SA [illegible] — 37. DATE 10/24/73

38. ☐ CHILD'S DISABILITY BEGAN BEFORE AGE 18 AND CONTINUES. ☐ CHILD NOT UNDER A DISABILITY WHICH BEGAN BEFORE AGE 18.
39. ☐ W/E MEETS QC REQ. IN _____ QTR. ☐ W/E DOES NOT MEET QC REQ. HAS ___ OF ___ QTRS. FOR AQD ENDING _____
40. A PERIOD OF DISABILITY IS ☐ ESTABLISHED FROM _____ TO _____ ☒ NOT ESTABLISHED

41. REMARKS — ☐ VR REFERRAL

42. RE-EXAM REQ. — 43. DISABILITY EXAMINER — 44. DATE — 45. DISABILITY EXAMINER — 46. DATE 10/31/73

47. ☐ BDI ☐ PC — 48. LTR/PAR. NO 807.4(09/30/70)F — 49. PRIOR ACT. ☐ PD ☐ PT ☐ REVISED — 50. BASIS CODE — 51. A OR D CODE — 52. RETURN CODE R- — 53. CAT. ☐ W ☐ DIB ☐ OSF ☐ CH ☐ FR — 54. SPECIAL CODE ☐ VA ☐ VAD — 55. USI NO.

FORM SSA-831 (7-72) — 1-FOLDER COPY

EXHIBIT NO. 4 (2) Dec 11-3-73 allowed

A 79

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration

CONTINUATION SHEET
FOR DISABILITY DETERMINATION

WC:ero 14

NOTE.—Use this form only when necessary for continuation of rationale of "DISABILITY DETERMINATION" or "CESSATION OR CONTINUANCE OF DISABILITY".

NAME OF DISABLED INDIVIDUAL	NAME OF WAGE EARNER IF AUXILIARY FILING	SOCIAL SECURITY NUMBER
Eleanor Timmons		073-07-7917

Genesee Hospital - report of October 8, 1973 See Ex 14

William Quinlan, M.D. - report of October 16, 1973. See Ex 13

Medical evidence shows that the claimant's impairment was not severe at the time that she last met the quarters of coverage. Nor has it become severe at this time of application ; therefore, the claim is denied.

(INITIAL AND DATE)

DISABILITY EXAMINER SA	DATE	REVIEW PHYSICIAN SA	DATE	DISABILITY EXAMINER BDI	DATE	DISABILITY EXAMINER BDI	DATE
[signature]	10/24/73	[signature]	10/31/73				

FORM SSA-834
(9-71)

FOLDER A 80

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

RECON

FORM APPROVED
BUDGET BUREAU 72R523.5

DISABILITY DETERMINATION AND TRANSMITTAL

1. FOLDER TO: BDI ☐ SA ☒ DIO ☐

2. DATE APP'D. 9/24/73

3. W/E (If Auxiliary Filing) RSI W/E ☐ DIB W/E ☐

4. SOCIAL SECURITY NUMBER 073-07-7917 78

5. NAME AND ADDRESS OF CLAIMANT
Eleanor F. Timmons
11 Jordan Avenue
Rochester, New York 14606

6. DB 7/3/14

7. SEX M ☐ F ☒

8. RACE W ☒ N ☐ O ☐

9. AOD 12/15/69

10. AGE 55

11. CLAIM FOR: FREEZE ☐ DIB ☒ CHILD ☐ DWB ☐

12. FAMILY STATUS: MAR. ☒ SG. ☐ NO. CHILDREN (UNDER 18) 0

13. QC REQ. LAST MET ☐ SL

14. ☐ W/E DOES NOT MEET QC REQ. A. ☐ DIS. BDI REVIEW B. ☐ SINCE LAST DET.

15. PREV. DENIED OR TERM. ☐

16. NON-DIS. DEV. IN PROGRESS ☐

17. MED. DEV. DEF. ☐

18. S A CODE 330

19. STATE New York

20. DISTRICT OFFICE ADDRESS
Federal Building
Rochester, New York 14614

DO CODE 108

RO CODE 21

FILE REVIEWED & APPROVED FOR TRANSMITTAL

21. DO/BO REPRESENTATIVE

22. DATE OF TRANSMITTAL

23. REMARKS Received S/A 2/25/74

TELEPHONE NO.:
PRESCRIBED PERIOD: Beginning _____ Ending _____

PURSUANT TO PROVISIONS OF SEC. 221 OF SOCIAL SECURITY ACT, IT IS DETERMINED THAT THE CLAIMANT:

24. ☐ HAS BEEN UNDER A DISAB. SINCE

25. ☐ WAS UNDER A DISAB. A. DATE FROM B. TO

26. ☒ WAS NOT UNDER A DISAB. ON OR BEFORE (Date) 9/30/73

27. ☐ WAS NOT UNDER A DISAB.

28. CASE OF BLINDNESS AS DEFINED IN SEC. 216(i)
A. ☐ NOT UNDER A DISAB. FOR CASH BENE. PURP. B. ☐ UNDER A DISAB. FOR CASH BENE. PURP. SINCE

29. DIAGNOSIS
Fatigue
Abdominal Pain

30. MOB CODE 6

31. VOCATIONAL BACKGROUND (Occupation) Clerk

OCC. YEARS 11

EDUC. YEARS 10

32. BASIS FOR DETERMINATION

REG. BASIS CODE F2-1502(a)

LISTING

Determination of 10/31/73 is affirmed as write.

☐ CONTINUED ON ATTACHED SHEET (Use SSA-834)

(RELEASE DATE OF FOLDER TO BDI/PC) MAR 10 1974

33. REC. RE-EXAM ☐ NONE ☐ _____ (Date) ☐ HOSP.

34. DISABILITY EXAMINER S A W. B[illegible]

35. DATE 3/5/74

36. REVIEW PHYSICIAN SA [signature] Mar 14

37. DATE

38. ☐ CHILD'S DISABILITY BEGAN BEFORE AGE 18 AND CONTINUES. ☐ CHILD NOT UNDER A DISABILITY WHICH BEGAN BEFORE AGE 18.

39. ☐ W/E MEETS QC REQ. IN _____ QTR. ☐ W/E DOES NOT MEET QC REQ. HAS 4 OF 9 QTRS. FOR AQD ENDING _____

40. A PERIOD OF DISABILITY IS ☐ ESTABLISHED FROM _____ TO _____ ☒ NOT ESTABLISHED

41. REMARKS

☐ VR REFERRAL

42. RE-EXAM REQ.

43. DISABILITY EXAMINER

44. DATE

45. DISABILITY EXAMINER Special Agent

46. DATE 4/1/74

47. ☐ BDI ☐ PC

48. LTR. PAR. NO

49. PRIOR ACT. ☐ PD ☐ PT ☒ REVISED

50. BASIS CODE

51. A OR D CODE

52. RETURN CODE R

53. CAT. ☐ W ☒ DIB ☐ OSP ☐ CH ☐ FR

54. SPECIAL CODE ☐ VA ☐ VAD

55. LIST NO.

FORM SSA-831 (7-72)

1-FOLDER COPY

EXHIBIT NO. 5

A 81

EARNINGS RECORD - P.I.A. DETERMINATION

FORM SSA-794 (3-73)

1 ACCOUNT IDENTIFICATION

SOCIAL SECURITY NUMBER	BOARD	NAME	SEX	DATE OF BIRTH MO	DAY	YR	P
073 07 7917	REG	TIMMON	M	07	03	04	
MULTIPLE SSNS	BOP		F	07		14	

PERTINENT DATES

FILING MO	DAY	YR	DEATH MO	DAY	YR	ONSET MO	DAY	YR	ELECTION MO	YR	REQUEST MO	DAY	SCIP MO	DAY
09	24	73				10	01	68			09	26		

7 BOP SIGNALS

CA	CR IND	SE PAID	SE CRED	FB IND	DESK	DAY CODE	SEQ NO.	EDP CODE	CASE CODE
CC	B	84	36	00		PP	25138	26	9R

ESTABLISHED DISABILITY PERIOD

	FROM	TO	FROM	TO
MR. SERV				

LAG INFO

TYPE	PERIOD	AMOUNT USED	TYPE	PERIOD	AMOUNT USED	TYPE	PERIOD	AMOUNT USED	TYPE	PERIOD	AMOUNT USED	TYPE	PERIOD	AMOUNT USED

2 EARNINGS RECORD DATA

QUARTER OF COVERAGE TESTS

REQUIRED QC FULLY QC	REQ QC	YR	SPEC '72	MIN	HAS QC	SIMP QC	MAX QC	C/I	FIRST ELIG

DISABILITY MET 20/40	AGE 31	NON RR 20/40	AGE 31
YES	N/A	NO	

QC AND EARNINGS TOTALS

TOT SE QC	TOT AG QC	WAGE QC AFTER 46	AFTER 50	TOTAL EARNINGS AFTER 1936	TOTAL EARNINGS AFTER 1950
		47	47	21292.78	19141.37

YR	EARNINGS	U	QC/SM	YR	EARNINGS	U	QC/SM	SE	AG	YR	EARNINGS	U	QC/SM	SE	AG	DMW	YR	EARNINGS	U	QC/SM	SE	AG	DMW
37				47						57	2481.16	-	CCCC	0	0		67			NNNN	0	0	
38				48						58	697.64	-	CNNN	0	0		7800 68	503.00	-	NNCC	0	0	
39				49						4800 59	41.45		#NNN	0	0		69			NNNN	0	0	
3000 40				50						60	796.10	-	NCCC	0	0		70			NNNN	0	0	
41				3600 51	70.33			0		61	1045.61	-	CCCC	0	0		71			NNNN	0	0	
42				52	367.84			0		62	1090.46	-	CCCC	0	0		9000 72			NNNN	0	0	
43				53	492.84	-	CCCC	0		63	829.65	-	CCCC	0	0		10800 73			NNNN	0	0	
44				54	2967.88	-	CCCC	0		64	1148.30	-	CCCC	0	0		12000 74						
45				4200 55	3837.33	-	CCCC	0	0	65	288.00		CNNN	0	0		75						
46				56	2483.78	-	CCCC	0	0	6600 66			NNNN	0	0		76						

8 THE BENEFIT DATA IN BLOCKS 1, 4 AN ACCORDING TO THE LAW OR THE BASIS OF THE SOCIAL SECURITY ADMINISTRAT RECEIVED FROM THE RAILROAD RETIRE

WILLIAM E. HANNA, JR
DIRECTOR

BY

DATE 10/1

TYPE OF ACTION | ENTITLEMENT MO | YR

DIB

9 BOP REM

DIS DLI 09/30/70

FULLY INS RIB

"Def on BOP rec

3 NAME | DB MO | YR | YLW | 1937 TO DATE SM | COMPENSATION | 1937 - 1946 SM | COMPENSATION | GROSS RESIDUAL

INV	I 2 0	ANN	REL	SEM	RR SS	RR SUR	37-46 YD OB	37-46 OB	MED EV	ALL PRE 51	RR SUR	RR SPO

4 BENEFIT COMPUTATIONS

TYPE	FIRST BASE YR OR SD	LAST BASE YR OR CD	DIVIDEND	DISAB BASE YRS EXCL	ELAPSED PD OR DO YRS	DM	I/Y	MS MOS INCL	PIA RETRO	PIA CURR	LUMP SUM	RED/DRC MONTHS	ADJUSTED BENEFITS RETRO	ADJUSTED BENEFITS CURR
EDP														
TRIAL														
BOP EXAMINER														
DO PC BDI	N565	1951	1971	18373	7569-71	51-C-7	144					125 10		

10 DO, PC OR BDI REMARKS

~~Male~~ Female - born 7/5
onset ~~Oct~~ 1968.

Exhibit 7 (3 pgs)

28 A

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved.
OMB No. R-0554

MEDICAL HISTORY AND DISABILITY REPORT

(Please type or print clearly)

PLEASE COMPLETE THIS FORM. COMPLETE ANSWERS WILL AID IN THE PROMPT PROCESSING OF YOUR CLAIM. If you are filing on behalf of someone else, enter his or her name and social security number in the space provided and answer all questions.

NAME OF CLAIMANT	SOCIAL SECURITY NUMBER
ELEANOR F TIMMONS	073-07-7917

AGE LAST BIRTHDAY	EDUCATION (Highest grade completed)	TRADE SCHOOLS, SERVICE SCHOOLS OR JOB TRAINING	
59	10	NONE	84

WHAT IS CLAIMANT'S ILLNESS OR INJURY?

NERVOUS AND INTERNAL CONDITIONS

	MONTH, DAY, YEAR
I.A. When did your illness or injury first bother you?	@ 5 yrs.
B. When did your illness or injury finally prevent you from working?	12/15/69

C. Explain why you stopped working.

In 1969 I had flu and pneumonia — followed by internals operations and I have never been able to work since. The mental depression, etc came on years prior but I was not totally disabled until 1969.

D. Did you return to work after the date shown in I.B. above? ☐ Yes ☒ No

Answer this question only if the dates in I.A. and B. above are not the same.

E. Before you stopped working, did your illness or injury cause you to change:

Your job or job duties?	☐ Yes	☒ No
Your hours of work?	☐ Yes	☒ No
Your attendance?	☐ Yes	☒ No

(Explain how your condition caused these changes and show the dates the changes were made).

FORM SSA-401 (6-71) 1 If you need more space for any answer, use Page 5.

EXHIBIT NO. 8 (8 PAGES)

A 83

II.A. List the name, address and telephone number of the doctor who has your latest medical records. If you have no doctor, check here ☐

NAME: DR T WILLIAM QUINLAN
ADDRESS: 89 GENESEE ST 85 ROCHESTER NY 14611
AREA CODE AND TELEPHONE NUMBER: 716-328-3300 (EXT UNK)
HOW OFTEN DO YOU SEE HIM? CONTACT every 2 months
DATE YOU FIRST SAW HIM: years ago.
DATE YOU LAST SAW HIM: 9/24/73
REASONS FOR VISITS: INTERNIST
TYPE OF TREATMENT RECEIVED: Prescribes metrobamit, dairrex.

B. Have you seen any other doctor since your illness or injury began? ..... ☒ Yes ☐ No
If "Yes," show the following:

NAME: DR. JOHN H. REHINGTEN
ADDRESS: 777 ALEXANDER ST ROCHESTER NY 14607
AREA CODE AND TELEPHONE NUMBER: 716-454-5905
HOW OFTEN DO YOU SEE HIM? used to see him
DATE YOU FIRST SAW HIM: up to 2 yr ago.
DATE YOU LAST SAW HIM: OVER 1 yr ago.
REASONS FOR VISITS: PROCTOLOGIST
TYPE OF TREATMENT RECEIVED:

If you have seen other doctors since your illness began, list their names, addresses, dates and reasons for visits on Page 5.

C. Have you been hospitalized or treated at a clinic for your illness or injury? ... ☒ Yes ☐ No
If "Yes," show the following:

NAME OF HOSPITAL OR CLINIC:
ADDRESS: GENESEE HOSPITAL 220 ALEXANDER ST ROCHESTER NY 14607
PATIENT OR CLINIC NUMBER:
WERE YOU AN INPATIENT? (STAYED AT LEAST OVERNIGHT) ☒ Yes ☐ No IF "YES,"
DATES OF ADMISSIONS: 5/70 for
DATES OF DISCHARGES: @ 2 wks.
WERE YOU AN OUT PATIENT? ☐ Yes ☒ No IF "YES,"
DATES OF VISITS:
REASON FOR HOSPITALIZATION OR CLINIC VISITS: HERNIA RECTOMY
TYPE OF TREATMENT RECEIVED:

If you have been in other hospitals or clinics for your illness or injury, list the names, addresses, patient or clinic numbers, dates and reasons for hospitalization or clinic visits on Page 5.

D. Have you been seen by other agencies for your injury or illness? (VA, Workmen's Compensation, Vocational Rehabilitation, Welfare, etc.) ☐ Yes ☒ No
If "Yes," show the following:

NAME OF AGENCY:
ADDRESS OF AGENCY:
YOUR CLAIM NUMBER:
DATES OF VISITS:
TYPE OF TREATMENT OR EXAMINATION RECEIVED:

If more space is needed, list the other agencies, their addresses, your claim numbers, dates, and treatment received on Page 5.

A 84

III. Has your doctor told you to restrict your activities in any way? ..... ☑ Yes ☐ No
If "Yes," give the name of the doctor and state what he told you about restricting your activities.

He (Dr Quinlan) has advised me ~~to~~ that I am permanently disabled. 86

IV. Are your home duties, social activities or ability to care for your personal needs limited in any way? ..... ☑ Yes ☐ No
If "Yes," describe how and why they are limited.

No heavy work such as washing walls.

V. List all regular jobs you have had in the last 15 years before you stopped working. (If you are 55 or older, AND have a 6th grade education or less, AND performed only heavy unskilled labor in the last 15 years, list all of the jobs you have had *since you began to work. If you need more space, use page 5.*)

JOB TITLE	TYPE OF BUSINESS	DATES WORKED (Month and Year) FROM	TO	DAYS PER WEEK	RATE OF PAY (Per hour, day, week, month or year)
CLERICAL WORKER	FACTORIES AND SMALL OFFICES				

VI.A. What was your usual job in the 15 years before you stopped working? (Usually this will be the kind of work you did for the longest period of time.) (JOB TITLE)

B. Describe the duties of your usual job in your own words:

(CONTINUES ON TOP OF PAGE 4)

A 85

85

Knowing that anyone making a false statement or representation of a material fact for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal Law, I certify that the above statements are true.

NAME (SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS BEHALF) DATE 9/24/73

SIGN HERE ▶ E. Leanor T. Simmons

6

A 86

FOR SSA USE ONLY—DO NOT WRITE BELOW THIS LINE

NAME OF CLAIMANT	SOCIAL SECURITY NUMBER
[illegible]	90

IX.A. Observations

White female accompanied to DO by her husband.
Very intelligent and cooperative.

B. Claimant requires assistance ..... ☐ Yes ☑ No
If "Yes," show name, address, phone number and relationship of interested person.

A 87

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

Form Approved.
OMB No. R-0554

MEDICAL HISTORY AND DISABILITY REPORT

(Please type or print clearly)

PLEASE COMPLETE THIS FORM. COMPLETE ANSWERS WILL AID IN THE PROMPT PROCESSING OF YOUR CLAIM. If you are filing on behalf of someone else, enter his or her name and social security number in the space provided and answer all questions.

NAME OF CLAIMANT	SOCIAL SECURITY NUMBER
Eleanor Simmons	073-07-7917

AGE LAST BIRTHDAY	EDUCATION (Highest grade completed)	TRADE SCHOOLS, SERVICE SCHOOLS OR JOB TRAINING
59	8th grade	— 92

WHAT IS CLAIMANT'S ILLNESS OR INJURY?

abdominal & rectal spasms, depression & nerves

	MONTH, DAY, YEAR
I.A. When did your illness or injury first bother you?	~~1970~~ 1969
B. When did your illness or injury finally prevent you from working?	~~1970~~ 1969

C. Explain why you stopped working.

I had flu - pneumonia & lost my job.

D. Did you return to work after the date shown in I.B. above? ☐ Yes ☒ No

Answer this question only if the dates in I.A. and B. above are not the same.

E. Before you stopped working, did your illness or injury cause you to change:

Your job or job duties?	☐ Yes	☐ No
Your hours of work?	☐ Yes	☐ No
Your attendance?	☐ Yes	☐ No

(Explain how your condition caused these changes and show the dates the changes were made).

If you need more space for any answer, use Page 5.

EXHIBIT NO. 9 (8 PAGES)

A 88

Please complete - list of doctors. Any additions on pg 5

A. List the name, address and telephone number of the doctor who has your latest medical records. If you have no doctor, check here ☐

NAME	ADDRESS
Dr. Quenlan	St. Mary's Hospital 93 Genesee St.
AREA CODE AND TELEPHONE NUMBER: 328-3300 Ext. 256	

HOW OFTEN DO YOU SEE HIM?	DATE YOU FIRST SAW HIM	DATE YOU LAST SAW HIM
about 4 times a yr also prescribes over tel	1958	12/73

REASONS FOR VISITS: see pg 5

TYPE OF TREATMENT RECEIVED: prescribes medication

B. Have you seen any other doctor since your illness or injury began? ☒ Yes ☐ No
If "Yes," show the following:

NAME	ADDRESS
Dr. Remington	277 Alexander St.
AREA CODE AND TELEPHONE NUMBER: 454-4905	

HOW OFTEN DO YOU SEE HIM?	DATE YOU FIRST SAW HIM	DATE YOU LAST SAW HIM
3 to 4 X	~~1972~~ 1971	3-4 mo. Oct. 1973

REASONS FOR VISITS: X Rays + Examination

TYPE OF TREATMENT RECEIVED: see pg 5

If you have seen other doctors since your illness began, list their names, addresses, dates and reasons for visits on Page 5.

C. Have you been hospitalized or treated at a clinic for your illness or injury? ☒ Yes ☐ No
If "Yes," show the following:

NAME OF HOSPITAL OR CLINIC	ADDRESS
St. Mary's Genesee	Genesee St. & Alexander St.
PATIENT OR CLINIC NUMBER	

WERE YOU AN INPATIENT? (STAYED AT LEAST OVERNIGHT)	DATES OF ADMISSIONS	DATES OF DISCHARGES
☒ Yes ☐ No IF "YES,"	Dec 15-1968 May 10-1970	Dec 24-1968 May 19-1970
WERE YOU AN OUT PATIENT? ☐ Yes ☐ No IF "YES,"	DATES OF VISITS	

REASON FOR HOSPITALIZATION OR CLINIC VISITS: Pneumonia Hemorrhoidectomy

TYPE OF TREATMENT RECEIVED: see pg 5

If you have been in other hospitals or clinics for your illness or injury, list the names, addresses, patient or clinic numbers, dates and reasons for hospitalization or clinic visits on Page 5.

D. Have you been seen by other agencies for your injury or illness? ☐ Yes ☐ No
(VA, Workmen's Compensation, Vocational Rehabilitation, Welfare, etc.)
If "Yes," show the following:

NAME OF AGENCY	ADDRESS OF AGENCY
YOUR CLAIM NUMBER	
DATES OF VISITS	
TYPE OF TREATMENT OR EXAMINATION RECEIVED:	

If more space is needed, list the other agencies, their addresses, your claim numbers, dates, and treatment received on Page 5.

A 89

III. Has your doctor told you to restrict your activities in any way? ..... ☒ Yes ☐ No
If "Yes," give the name of the doctor and state what he told you about restricting your activities.

I can not take any pressure. 84

IV. Are your home duties, social activities or ability to care for your personal needs limited in any way? ..... ☒ Yes ☐ No
If "Yes," describe how and why they are limited.

Confined to the house for the most part because of rectal spasms, daily enemas.

V. List all regular jobs you have had in the last 15 years before you stopped working. (If you are 55 or older, AND have a 6th grade education or less, AND performed only heavy unskilled labor in the last 15 years, list all of the jobs you have had *since you began to work. If you need more space, use page 5.)*

JOB TITLE	TYPE OF BUSINESS	DATES WORKED (Month and Year) FROM	DATES WORKED (Month and Year) TO	DAYS PER WEEK	RATE OF PAY (Per hour, day, week, month or year)

VI.A. What was your usual job in the 15 years before you stopped working? (Usually this will be the kind of work you did for the longest period of time.) (JOB TITLE) clerical, receptionist

B. Describe the duties of your usual job in your own words:

(CONTINUES ON TOP OF PAGE 4)

A 90

VIII. Use this section for additional space to answer any previous questions and any additional information that you think will be helpful in making a decision in your disability claim. Please refer to the previous questions by number, such as IIB (other Doctors), V (Other Jobs)

96

Dr. Wm. Madden
So. Goodman St

first saw — About 1965
last saw — Feb 1974
Reasons for visits - Treatment of female disorders, spasms, fatigue, nerves, depression.
Medications - premarin, betadine, mycostatin, vit E, specific exercises

Dr. Quinlan
St. Mary's hospital - Genesee St.

first saw - About 1958
last saw - Dec 1973
reasons for visits - for treatment of spasms, viruses (which I am very susceptible to) also suffer from side effects from most medications.
Medications - Darvon compound, meprobamate, Allbee w-C

Dr. Remington
Medical Arts 277 Alexander St.

first saw 1971
Dr. Remington's findings at that time. Didn't need operation, but was left with weak muscles, unable to eliminate, fissures, severe spasms. Medications) -

prescribed americaine ointment - daily enemas for rest of my life
Dr. Guest X Rays 1971 97
Medical Arts

Dr. Remington
last saw Oct 1973 - findings - uneven narrow passage,
spasms. Treatments and Medications - ointment, continue daily enemas
Dr. Guest X Rays Oct 1973

Dr. George Dacks
Alexander St.
Hemorrhoidectomy May 1970 - continued with treatments
until May 1971 for adhesions and stretching of the rectum)

I was hospitalized for the flu - pneumonia, had 3 relapses and lost
my job because of my condition. Had to undergo surgery the following
year which left me with many postoperative problems, and as i've noted
the treatments that followed caused severe pain, spasms, weakness, etc. Dr. Dacks
wanted to operate again and I then went to Dr. Remington. Haven't been able to
take much pressure for quite some time. When I was 44 I had to stop
working because of pregnancy. The baby lived 9 days and shortly after I had
a breakdown. In time I went back to work part time at [illegible] hospital.
Had to leave that job because of a Hysterectomy - then another breakdown.
I tried working again, and that brings you up to where I lost my job
and haven't been able to work since. I am still under the care of Dr. [illegible]
and Dr. Madden. My husband is disabled which is an added burden.

Knowing that anyone making a false statement or representation of a material fact for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal Law, I certify that the above statements are true.

NAME (SIGNATURE OF CLAIMANT OR PERSON FILING ON HIS BEHALF)	DATE
SIGN HERE Eleanor F. Timmons	Feb. 12, 1974

FOR SSA USE ONLY—DO NOT WRITE BELOW THIS LINE 98

NAME OF CLAIMANT	SOCIAL SECURITY NUMBER
Eleanor Simmons	013-07-7917

IX.A. Observations

Teleclaim

Clmt seemed restless & depressed throughout conversation. She sighed continually. She seemed resigned & depressed.

B. Claimant requires assistance ..... ☐ Yes ☒ No
If "Yes," show name, address, phone number and relationship of interested person.

A 93

FOR SSA USE ONLY—DO NOT WRITE BELOW THIS LINE 99

C. 1. MEDICAL DEVELOPMENT—NON SD

SOURCE	DATE REQUESTED	DATE FOLLOW-UP	DATE RECEIVED

2. MEDICAL DEVELOPMENT—SD

SOURCE	DATE REQUESTED	DATE RECEIVED	CAPABILITY DEVELOPMENT NEEDED: ☐ YES ☐ NO ☐ DO WILL UNDERTAKE ☐ SA SHOULD UNDERTAKE
SOURCE	DATE REQUESTED	DATE RECEIVED	CAPABILITY DEVELOPMENT NEEDED: ☐ YES ☐ NO ☐ DO WILL UNDERTAKE ☐ SA SHOULD UNDERTAKE
SOURCE	DATE REQUESTED	DATE RECEIVED	CAPABILITY DEVELOPMENT NEEDED: ☐ YES ☐ NO ☐ DO WILL UNDERTAKE ☐ SA SHOULD UNDERTAKE

D. To DO Interviewer or Reviewer:

- Disregard this item when a reconsideration request is being filed.
- For DO completed form. If any block, D1-D5 is checked by DO interviewer, omit sections III-VII of this form in accordance with CM 6513.9D.
- In reviewing a claimant-completed form, if it appears from the SSA-821, the complete SSA-401 or DO observation that a condition in D1-D5 is present, proceed in accordance with CM 6513.9D.

1. ☐ Is now working for more than the SGA earnings guideline described in CM 6403(a).
2. ☐ Is now in a hospital because of the disabling impairment. (Do not check if on convalescent leave or in a nursing home, or expects to be released from the hospital in the next 2 weeks.)
3. ☐ Has lost the complete use of 2 or more limbs.
4. ☐ Has lost a leg or a foot because of diabetes or circulatory disease.
5. ☐ Is unable to see, even with glasses.
   ☐ Is unable to hear, even with a hearing aid.
   ☐ Is unable to speak.

E. SSA-401 TAKEN BY
☐ PERSONAL INTERVIEW ☒ TELEPHONE ☐ MAIL

FORM SUPPLEMENTED ☐ YES ☒ NO
If "Yes," by ☐ PERSONAL INTERVIEW ☐ TELEPHONE ☐ MAIL

F. SIGNATURE OF INTERVIEWER OR REVIEWER	TITLE	DO OR BO	DATE
D. Schultz	CRS	Rock	2/4/74

* GPO : 1971 O - 442-248

A 94

Form approved.
Budget Bureau No. 72-R0442

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

100

STATEMENT OF CLAIMANT OR OTHER PERSON

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON	SOCIAL SECURITY NUMBER
Eleanor Timmons	073-07-7917
NAME OF PERSON MAKING STATEMENT (If other than above wage earner or self-employed person)	RELATIONSHIP TO WAGE EARNER OR SELF-EMPLOYED PERSON

NOTICE.—Whoever makes or causes to be made any false statement or representation of a material fact in an application or for use in determining a right to payment under the Social Security Act is subject to not more than a $1,000 fine or 1 year of imprisonment, or both.

Understanding that this statement is for the use of the Social Security Administration, I hereby certify that—

1) I am unable to work in my present medical condition.
2) There has been deterioration in my condition since the last time I filed.
3) I have been examined for my disability since the last time I filed.
4) I have not been hospitalized since the last time I filed.
5) I haven't worked since the last time I filed.
6) I am have a record of all my impairments.
7) There are no other agencies that have record of my ~~employe~~ disability

signed X Eleanor Timmons
dated 10/5/79

Form SSA-795 (2-71) (OVER)

EXHIBIT NO. 10 (2 PAGES)

A 95

1973OCT 12 AM 12:46

The Genesee Hospital

202

A VOLUNTARY NON-PROFIT COMMUNITY HOSPITAL • 224 ALEXANDER STREET, ROCHESTER, NEW YORK 14607

October 8, 1973

TO: Dr. Joseph Oliva
Chief Medical Consultant
Bureau of Disability Determinations
Two World Trade Center
New York, N.Y. 10047

RE: ELEANOR TIMMONS
OUR NO:
YOUR NO: 073 07 7917

Under date of September 27, we received your request for information from the medical record regarding the above-named patient.

(5) Photo-process copy from the Genesee Hospital Medical Record is attached.

( ) Due to the reason checked below, we are unable to fulfill your request at this time.

( ) Medical records are confidential. We shall be glad to furnish this information upon receipt of a properly executed authorization from the patient, (or in case of a minor, by the parent or guardian), dated within 90 days of presentation.

( ) At the present time the Medical record is incomplete. Upon completion by the Physician, we shall give this matter our prompt attention.

(.) All medical reports are prepaid. The cost will be $_____ for the total number of pages that you have requested. Upon receipt of your check, we shall give this matter our prompt attention. Please make the check payable to: Medical Records Department, the Genesee Hospital and mail directly to the attention of the Medical Records Department.

( ) We regret to inform you that we cannot identify a patient of this name. If you have additional identifying information such as age, address, and date of treatment, maiden name, etc., we shall be glad to search further.

( ) We have in this Hospital the above-named patient. Age ____, Birthdate _____, Relative _____, Address_____, Patient states being under your care. May we have a report of summary of case, please?

Very truly yours,

A Garofalo

(Mrs.) A. Garofalo, RRA
Director
Medical Records Department

jg

EXHIBIT NO 11 (6 PAGES)

A 96

THE GENESEE HOSPITAL ADMISSION RECORD

SUMMARY SHEET

PATIENT NAME (LAST) (FIRST) (MIDDLE)	DISCHARGED DATE-TIME	DISCH. TO	UNIT NO.
TIMMONS, Eleanor F. Drechsler	5-17-70	Home	~~423980~~ (1)

ADDRESS	ZIP	PHONE NO.	TR. DATE	TR. FR. TO	TR. DATE	TR. FR. TO
11 Jordan Ave. Roch. 14606		227 1875			5/16	5 9 4

ADMISSION NO. (1)	ADMISSION DATE (2)	TIME (3)	ROOM NO. (4)	BED NO (5)	ACCOM (6)	CLASS PAY (9)	NO. OF PLANS (10)	RATE	AMT. PAID
423980-2	5-11-70	2PM	C640		pr	INS		Ins assign	$65.00 bal on disch

SERVICE (7)	ATTENDING PHYSICIAN	REFERRED BY	CODE (8)	B.C. NO.	G.M.P.	MED.-SUR	DEP	SUB
SURG	Dr.G.Dacks	G.Dacks		no			103	

PATIENT NAME (11) (LAST) (FIRST) (MIDDLE)	ROOM NO.	INSURANCE	POLICY NO.
TIMMONS, Eleanor F. Drechsler (Louis)	C640pr	Aetna grp with Wollensak	

BIRTHPLACE	BIRTHDATE (13)	AGE	SEX	MARITAL STATUS	CODE (13)
Rochester	7-3-14	55	F	Marr.	

RELIGION CHURCH NAME	CODE (14)	RACE (15)	SOC. SEC. NO. PATIENT (16)	SOC. SEC. NO. (GUARANTOR) (17)	PHONE NO. (GUAR.) (18)
Cath.St.Theodore's		W	073 07 7917	073 05 5912	

COUNTY (19)	CHG. IND. (20)	MED. REC. (21)	ATTENDING PHYSICIAN	CODE (22)	S.C.	PERSON ASSUMING FINAN. RESPONS. (23)	RELATIONSHIP
Monroe			G.Dacks			Husband	

NEAREST RELATIVE	RELATIONSHIP	ADDRESS (24) ZIP
Louis (Husband)		

ADDRESS ZIP	PHONE NO.	OCCUPATION OF ABOVE	LENGTH OF EMPLOY.
Same		Lens Polisher	31 Yrs.

EMERGENCY NOTIFY	RELATIONSHIP	EMPLOYER OF ABOVE
Thomas Timmons Susan Buck	Son daughter	WOLLENSAK, INC.

ADDRESS ZIP	PHONE NO.	EMPLOYER'S ADDRESS
at work-ext 3174-Security Trustl Canandaigua,NY East Ave	315 =394 7792	850 Hudson Ave.

FATHER'S NAME (LAST) (FIRST)	MOTHER'S MAIDEN NAME	PATIENT'S OCCUPATION	LENGTH OF EMPLOY.
Joseph Drechsler (d)	Flora Klingler (d)	Housewife	

ADMISSION DIAGNOSIS	SURGICAL PROCEDURE	PATIENT'S EMPLOYER
Hemorrhoids	yes	

PREVIOUS ADMISSION	AMBULANCE	INFORMATION BY	ADMITTED BY	EMPLOYER'S ADDRESS
no	car	Pt.	RD/HCD	

PREVIOUS ADDRESS	HOW LONG AT PRESENT ADDRESS	BANK(S) REFERENCE	VETERAN-SERVICE
	18 Yrs	Central Trust Union	No

FINAL DIAGNOSIS:	CODES SITE	CODES ETIOLOGY
Hemorrhoids Internal & External		
ASSOCIATED CONDITIONS: Prolonged Bleeding Time		?
TREATMENT OR OPERATION: Hemorrhoidectomy Mugleston (Vit K.)	X	51.3

RESULTS: ☑ SATISFACTORY ☐ UNIMPROVED ☐ DIED ☐ NOT TREATED

CONSULTATION

INFECTIONS: ☐ ON ADMISSION ☐ INSTITUTIONAL

WHEN MAY PATIENT WORK (ADULT)
WHEN MAY PATIENT ATTEND SCHOOL (CHILD)

SIGNATURE OF INTERN

SIGNATURE OF ASST. RESIDENT Edward Post

SIGNATURE OF RESIDENT

FOR RECORD ROOM USE ONLY

DIAGNOSTIC SHEET	PRE-OP OR ADM. NOTE	DESCR. & FINDING AT OPERATION	MALIGNANCY REPORT FROM
SIGNATURE ON DIAG. SHEET	POST OP. NOTE	LABOR RECORD	LAB DATA
CODE NOS.	PROGRESS NOTES	ANTE-PARTUM RECORD	NOMENCLATURE DX
HISTORY	FINAL SUMMARY NOTE & CONDITION	NEWBORN RECORD	NOMENCLATURE RX
PHYSICAL EXAMINATION	DESCR. & FINDING AT OPERATION	DEATH REPORT WITH DEATH CERT. DIAGNOSIS	

SIGNATURE OF ATTENDING PHYSICIAN G.Dacks

DAYS IN HOSPITAL:

A 97

THE GENESEE HOSPITAL

TIMMONS, ELEANOR
DR. G. DACKS
F 55 SURG PRI
423980-2 5-11-70

⑥

HISTORY-PHYSICAL EXAMINATION-PROGRESS

Timmons, Mrs Eleanor

UNIT NO.

5-11-70
Dacks

Pt was told she had a fissure about 30 yrs ago. She has intermittent swelling of marginal tags. She has a vaginal infection which Dr. Madden feels will not clear up until the anal area is cleaned up by surgery. Pt has a bleeding problem. She was given plasma at St Mary's Hosp prior to previous surgery. I've discussed this c Dr Fred Andrews. He has had her in for pre admission BT, CT, prothrombin and platelets [illegible] to evaluate her. All test normal except prolonged bleeding T. will give [illegible].

Examination: anal margin shows large soft skin fold anteriorly and other smaller tags around anal orifice c enlarged marginal varicosities & internal hemorrhoids. No fissure seen at this time. Sigmoidoscopy to 7" normal rectum. Spasm at recto-sigmoid did not permit passage of scope beyond this level.

Imp: Hemorrhoids internal & external
Bleeding Tendency

admitted for hemorrhoidectomy after prophylactic care of bleeding tendency

5/11/70
Anes.

55 yo female scheduled for hemorrhoidectomy in AM. Pt. has bleeding tendency and has been [illegible] by Dr. Andrews — She also states that she has "numerous" allergies. [illegible] Clear — ASA I. Plan general anesthesia

MF 47 A

THE GENESEE HOSPITAL

HISTORY-PHYSICAL EXAMINATION-PROGRESS

DR. G. DACKS
F 55 SURG PRI
423950-2 5-11-70

UNIT NO. 105

Post op -
Able to void
Afebrile
Comfortable.

5-13-70 Dacks | voiding adequately pt had c̄ small defecation this am however gauze wick is still in place condition is good.

5-14-70 Dacks | afebrile, feels as though she may have defecation - gauze wick in place condition good. T.W.E. ordered

5-15-70 Dacks | gauze wick in place. awaiting enema

5-16-70 Dacks | enema c̄ good result yesterday feels pretty sore. gloved finger passed through anal canal dilating sphincter c̄ subsequent relief of pain condition good.

5-17-70 Dacks | Discharge summary
hemorrhoidectomy 5-12-70 after prep c̄ mephyton to treat bleeding tendency, uneventful convalescence will keep on mephyton at home and follow at office

MF 47 A

The Genesee Hospital RADIOGRAPHIC REPORT 26 (4) MF 89A

Unit No. 166

Name Timmons, Elanor Floor pre adm Date 5-8-70 X-Ray No. 389966

5-11-70
Dr. Dacks

PA & LATERAL OF CHEST: The heart is within normal limits. The lungs show no infiltration of significance. There is a 5 mm. calcific nodule in the right base anteriorly and some calcific foci are present in the left hilar area. The diaphragms are within normal limits.

SUMMARY: No significant findings.

R. H. Koenemann

Richard H. Koenemann, M.D.
Radiologist

RHK:gb
cc: Dr. Dacks

A 100

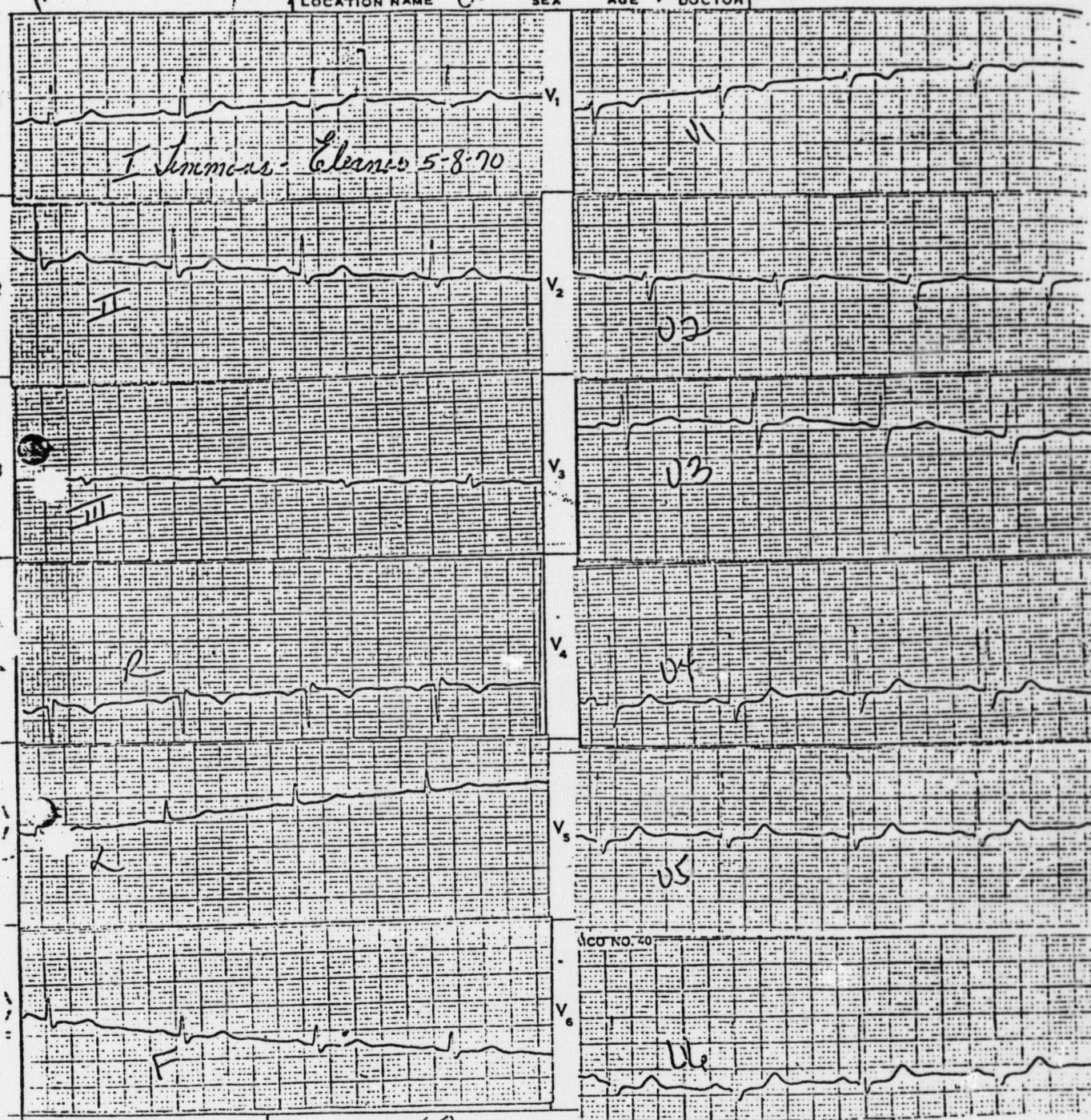
THE GENESEE HOSPITAL
EKG REPORT

Simmons- Eleanor

LOCATION Pres Adm. NAME CW6 SEX F AGE 67 DOCTOR H. Dack, F. Gerstein

B.P.

DRUGS (IN. B. DIGITALIS)



CCU NO. 40

AURIC RATE: 1 | VENT. RATE: 62 | PR: 0.12 | QRS: | QT:

AXIS | POSITION: 1 | ROTATION:

COMMENT: MI 186 NSR
No Diagnostic findings

A 101

Exhibit // NOV 9 1970

READ BY: Ted Weiss M.D.

A 101

073-07-7917

108

J. WILLIAM QUINLAN, M.D.
~~123 Barrington Street~~ 896 Genesee St
ROCHESTER, NEW YORK 14607
PRACTICE LIMITED TO INTERNAL MEDICINE

Office Hours:
By Appointment

Telephone: ~~[redacted]~~ 328-338

Patient's Name..... Age.....

Address..... Date 5-24-73

℞

Mrs. Shannon Timmons
is unable to work
because of back problems
condition.

Refill.....Times
Non-Refill ☐

Full Name..... M. D.
Reg. No. AQ-0518968

GOES W/ SD!

EXHIBIT NO. 12

A 102

DF-254.1 (7/73)

New York State
Department of Social Services
BUREAU OF DISABILITY DETERMINATIONS
Two World Trade Center
New York, N.Y. 10047

Confirmation of Medical Data

Claimant Eleanor Timmons A/N 073-07-7967

Summary of information provided by telephone, in connection with above claim for Social Security Disability benefits, on 9/26/73 to W. Cohen.

☐ Review Physician ☒ Disability Examiner

* * *

I am presently treating Eleanor Timmons and have been her treating physician for many years. She experiences constant fatigue; frequent headaches; and intense gas and pressure in the intestines. There are no objective findings of ulcers or colitis.

I first saw this pt on 1-17-56 - She has had recurrent abdominal pain - She had a vaginal infection in '68 - Treated by Dr Mc Cracken. She had pneumonia also in Dec '58. She had pain in her neck when her car was hit from the rear in May '63. She had a hysterectomy 56 or was seen by Dr. David Parker who performed a cystoscopy. Tenderness present over the colon. Hct was 10.4 in Oct '62 Barium Enema ordered - Had Hysteroscopy in '65. Pt is depressed at times - Views -

I certify that the foregoing summary is accurate.

Physician's Signature J. William Quinlan M.D. Date 10-16-73

(Name Typed) J. William Quinlan M.D.

#6 416 D9/26 9/27 WC:ebp 14 EXHIBIT NO. 13 Over Please

A 103

210

THE GENESEE HOSPITAL
An Affiliated Hospital
of
THE UNIVERSITY OF ROCHESTER
SCHOOL OF MEDICINE AND DENTISTRY
224 Alexander Street
Rochester, New York 14607

ROBERT G. BRODOWS, M.D.
Head, Endocrine-Metabolism Division
Department of Medicine

PAUL W. HANSON
Director

October 9, 1974

Social Security Administration District Office
100 State Street
Rochester, New York 14614

RE: TIMMONS, Eleanor

Dear Gentlemen:

Mrs. Timmons is a sixty year old lady who was seen in my office for the first time on August 15, 1974. She has symptoms and chemical findings of reactive hypoglycemia. In addition, she has multiple psychogenic complaints revolving around menopausal depression. She is currently being treated for these diseases. At the current time, I feel that her mental, as well as physical condition, probably precludes her working, and certainly has precluded her from working in the past year. Hopefully, with successful therapy she will be able to work within six months time.

Sincerely,

Robert Brodows
Robert G. Brodows, M.D.

EXHIBIT NO. 14

Exhibit 14

A 104

PROFESSIONAL QUALIFICATIONS

111

1. Physician's Name Quinlan, James William
(Last) (First) (Middle)

2. Address 123 Barrington Street, Rochester, New York 14607

3. Year of Birth (B): 1907

4. Medical Education (ME): State: Pennsylvania

School: JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA

Year of Degree: 1934

5. Year of License (L): 1935

6. American Specialty Boards (AB): American Board of Internal Medicine

7. Medical Specialties:

8. Type of Practice (TOP): Internal Medicine

9. National Scientific Medical Societies (SS): American College of Physicians

10. Professorial Appointments (PA): State:

School:

Title & Current Status:

11. Other Information (e.g., Hospital Appointments):

12. Sources of Information: American Medical Directory
Year: 1969 Edition: 25 Page: 2877

Other Sources:

Exhibit 15

FORM NA-526
(9-71)

A 105

PROFESSIONAL QUALIFICATIONS

112

1. Physician's Name BRODOWS, (Last) Robert (First) (Middle)

2. Address Strong Memorial Hospital - Medical Department

Rochester, New York 14620

3. Year of Birth (B): 1943

4. Medical Education (ME): State: Pennsylvania

School: University of Pittsburgh School of Medicine, Pittsburgh

Year of Degree: 1968

5. Year of License (L): 1969

6. American Specialty Boards (ASB): American Board of Internal Medicine

7. Medical Specialties: Endocrinology

8. Type of Practice (TOP):

9. National Scientific Medical Societies (SS):

10. Professorial Appointments (PA): State:

School:

Title & Current Status:

11. Other Information (e.g., Hospital Appointments):

12. Sources of Information: American Medical Directory
Year: 1973 Edition: 26th Page: 2994

Other Sources:

Exhibit 16

FORM HA-525
(9-72)

A 106

16

THE GENESEE HOSPITAL
An Affiliated Hospital
of
THE UNIVERSITY OF ROCHESTER
SCHOOL OF MEDICINE AND DENTISTRY
224 Alexander Street
Rochester, New York 14607

DEPARTMENT OF PSYCHIATRY

113

January 31, 1975

The Social Security Administration
Federal Building
State Street
Rochester, N.Y. 14614

Re: Eleanor Timmons

To Whom It May Concern:

I have been treating Mrs. Eleanor Timmons since November 9, 1974 for a severe neurotic depression. I have utilized various antidepressants without success. She is currently using small amounts of Elavil and we are attempting to deal psychotherapeutically with the problems which contribute to her depression.

She is incapacitated by multiple somatic complaints of a functional nature. I do not feel that she is able to work at this time; I feel that she is totally disabled.

Please feel free to contact me if I can be of further assistance.

Yours truly,

Stephen Dvorin

Stephen Dvorin, M.D.

SD/mm

A 107

EXHIBIT NO. 17

STATE OF NEW YORK

DEPARTMENT OF SOCIAL SERVICES

ABE LAVINE, COMMISSIONER

114

BUREAU OF DISABILITY DETERMINATIONS

TWO WORLD TRADE CENTER
NEW YORK, N. Y. 10047
TELEPHONE-AREA CODE 212-488- 6396

SIDNEY HOUBEN
DIRECTOR

Date: FEB 26 1974

Eleanor F. Timmons
11 Jordan Avenue
Rochester, New York 14606

Claimant: Eleanor F. Timmons

SS No.: 073-07-7917

Dear Mrs. Timmons:

This Bureau is making a determination on the application for disability benefits that you filed at a federal Social Security District Office. In order to make it easy for you to furnish additional information that is now needed, we would like to talk to you on the telephone.

Since we have been unable to reach you, would you please telephone us at the above number as soon as possible (weekdays between 8:30 A.M. and 5:00 P.M.). We will accept station-to-station collect calls if you telephone from outside of New York City. You should dial "0" before you dial the area code and telephone number shown above. When the operator answers, to help complete your call, be sure to state that you wish to call station-to-station collect. We will not accept person-to-person calls.

We would like to discuss the following:

Your disability reconsideration interview.

Your cooperation in telephoning us promptly will be appreciated.

Sincerely yours,

H. Benson

(Mrs.) H. Benson
Disability Examiner

DF-255 (Rev. 7/73)
HB:ae
RCH 5
2/25/74

A 108

EXHIBIT NO. 18

Judg. Dumpert

073-07

JOHN H. REMINGTON, M.D., P.C.
MEDICAL ARTS BUILDING
277 ALEXANDER STREET
ROCHESTER, N. Y. 14607

115

February 11, 1975

John J. Dumpert
Bureau of Hearings and Appeals
Room 550 1 W. Genesee St.
Buffalo, N.Y. 14202

Dear Mr. Dumpert:

Mrs. Eleanor Timmons of 11 Jordan Avenue requested me to send you a copy of my records concerning her.

I first saw her on April 26, 1971 at the request of Dr. Maxwell and Dr. Quinlan. She stated that she had had a hemorrhoidectomy in May 1970 by Dr. George Dacks. She stated that the opening had "narrowed down" and she had had to have dilation which caused fissures to develop. She stated that she had some bleeding and quite a bit of pain and that it was necessary to keep her stool very soft. Sigmoidoscopy of the lower bowel revealed a normal lower sigmoid and rectum. Examination of the anus showed no narrowing or fissures.

I saw Mrs. Timmons the next time on October 12, 1973. At that time she stated that the fissures from the dilatations done by Dr. Dacks had not healed, that it was difficult to evacuate her bowel and that she had to take an enema or milk of magnesia. She also stated that she occasionally noticed a little blood on the toilet tissue. Sigmoidoscopy and examination of the lower rectum and anus again was negative. A barium enema done by Dr. Paul Guest also was negative. I have not seen Mrs. Timmons since that time.

Sincerely yours,

John H. Remington

John H. Remington, M. D.

JHR/jdr

A 109

EXHIBIT NO 19

February 19, 1975

Room 550 - 1 W. Genesee Street
Buffalo, New York 14202

Dr. Robert C. McVeigh
1580 Elmwood Avenue
Rochester, New York 14620

Dear Dr. McVeigh: Re: Eleanor F. Timmons
SS AN: 073-07-7917

Thank you for your letter of February 14, 1975 and the medical record of Mrs. Eleanor Timmons.

We will review the medical reports and make photocopies of those reports which we do not have in our records. We will then return the entire medical record to you.

Sincerely yours,

John J. Dumpert,
Administrative Law Judge

A 110

EXHIBIT NO 20

A 111

gordan Ave, 14606
7-1875
me
7/3/14
. Quinlan
9.9.74

Add. same
R.P.
Employ. disabled
H. Ins. 281391 yes
Medicare
Medicaid 212443 6 02A
Child 2 — 35 — 28
[✓ M.] S. D. W.

st of Diagnoses.

] Hypoglycemia — Under Care of Endocrinologist..

) Osteoarthritis

s) Post Menopausal – On Estrogen

) Background of Nervous + Emotional Problem.

Exhibit 21 (67Pl)

PAST HISTORY
Anemia yes —
Diabetes — See Below
Hypertension
Rh. Fever
Tbc.
Pneumonia
G.I. — (1) Duodenal Dilatation.
Vaginal Moniliasis ē Antibiotics
Lomotil ē Compazine
Librax + Phenobarbital + Atropine
G.U.
Allergy
1943 Uterine Suspension
Surgery 1958 – Pregnancy — Followed by Post Part Depression
Hospital
Other
Other 1964 Hysterectomy
Nervous Disorder 1968 Flu – Pneumonia
1970 [illegible]

Premarin 0.625 t.i.d. – Vitam.
Drugs [illegible] R.x. Darvon Cmpd
Meprobamate 200 t.i.d. —

FAMILY HISTORY F. M. B. S.
Diabetes
Tbc.
Hypertension
Heart
Cancer
Anemia
Other

F.: Died age 60's of ? Liver
M.: Died age 56 of Cerebral Hemorrhage.

SOCIAL
Job — Housewife
Home
Education — [illegible]
Tobacco —
Liquor
Hobbies — Knitting.
Tea
Coffee
Misc.

Avis
SA (Trial Exhibit) (67) 21

EXHIBIT 21

To Bed
11:30.

5' Wt. 156 Build B.P. 140/80 T. P. R.

SYSTEM REVIEW

Headache — Dizziness —
Head-Eyes — Nose — Sinus —
Ears — Throat — Pain — Swell.

Resp. – Cough — Night Sweat —

Card. – Dysp. — Hemoptysis
Palpit. — Wheezing

G.I. – WT
Appetite
Pain
Bowels
Laxat.
Blood
Flatus
Jaundice

OB–GYN

G.U. – urgency — dysuria — nocl.
freq. — pyuria — glb.

Neuro.

Musculo-Skel.

Joints

GENERAL

Hair
Sclers
E.O.M.
Pupils
Nose
Ears

Teeth
Gums
Tongue
Tons.
Phar.

Neck
Thyro.
Chest
Breast

Heart

Lungs

Abdomen

Skin
Hands
Arms
Legs
Glands
Neuro
Genitalis

Hernia
Rectal
Prostate

Pelvic

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Urinalysis
Color
Blood
Sp. Gr.
Ph.
Bilirubin
Ketones
Glucose
Protein
Urea
Rare epithelial

Blood
Hematocrit 43
WBC 4,600

To Be Done	Advice	Prov. of Diag.
	(1) Obesity. (2) Hypoglycemia by History → Report to follow from Endocrinologist (3) Post menopausal on Estrogen (4) Minimal Osteoarthritis (5) Background of Nervous & Emotional Disorders	

119

ELECTROCARDIOGRAM

CASE NO. _____ DATE 9/9/24 PATIENT'S NAME Eleanor Timmons

ADDRESS _____ TEL. NO. _____

INSURANCE _____ OCCUPATION _____

HT. _____ WT. _____ B.P. _____ AGE _____ SEX _____ S.M.W.D. REFERRED BY: _____

MEDICATION _____

_____ DATE OF LAST EKG _____ BY DR. _____

ADDRESS _____

GRAPHIC FINDINGS

RHYTHM _____

AURICULAR RATE _____ VENTRICULAR RATE _____ ELECTRIC AXIS _____

P-R INTERVAL _____ QRS DURATION _____ Q-T INTERVAL _____

SVE _____

QRS _____

S-T SEGMENT _____

T-WAVE _____

ATTACH RHYTHM STRIP HERE.

INTERPRETATION

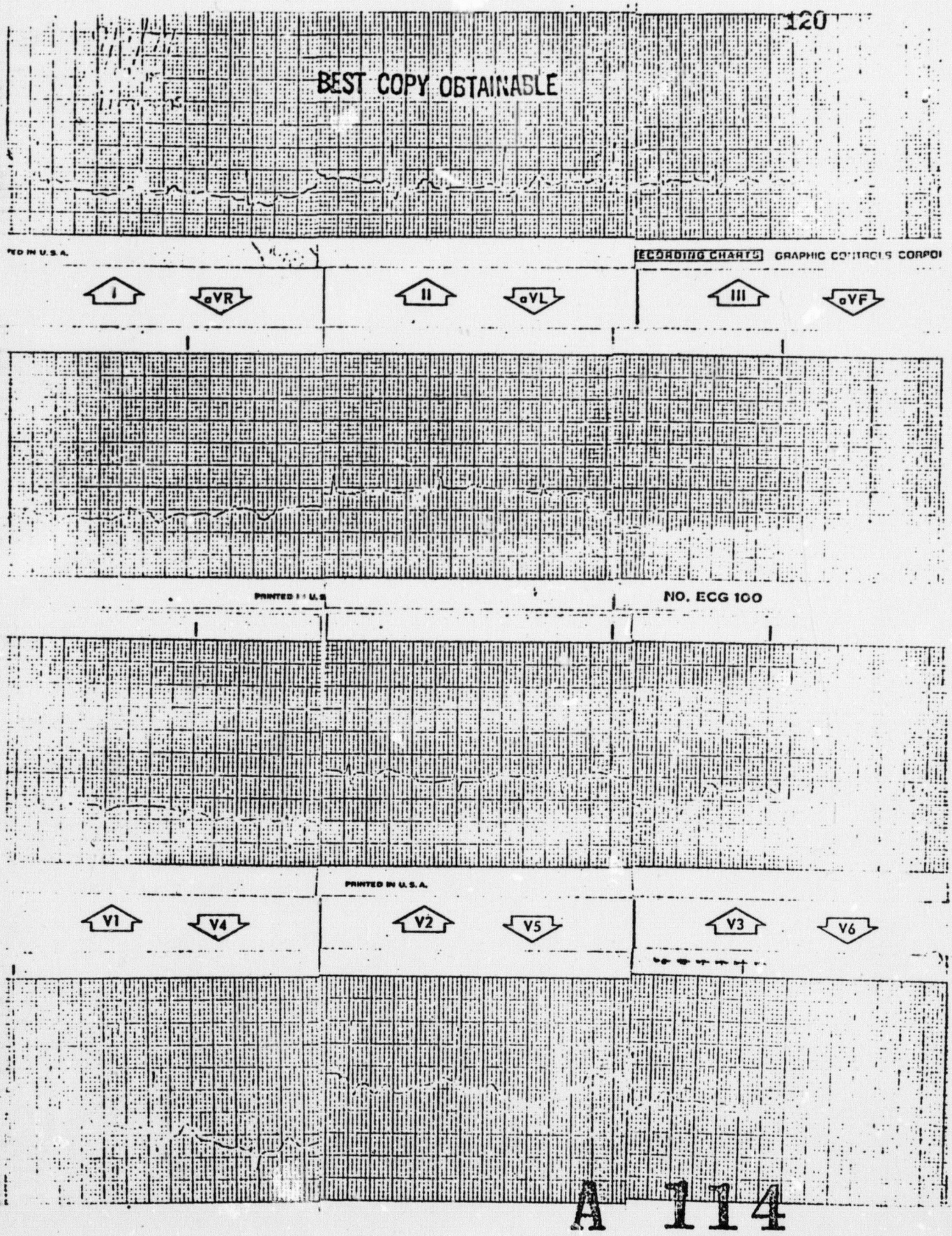
Antewall Ischemic Change..

SIGNED _____

A 113

CASE NO. _____

PATIENT'S NAME _____



NAME Mrs. Eleanor Timmons BIRTHDATE 7/3/14 DATE 6/15/74

ADDRESS 11 Jordan Ave. 14606 AGE 60 MARITAL M REF Dr. Madden

OCCUPATION housewife PHONE 223-1875 WEIGHT 121

B.C. 281391 CG 5 Medicaid 2'2443-02-A MEDICARE

8/15/74

Mrs. Timmons, a mother of two is referred by Dr. Madden for evaluation of hypoglycemia. She has had a long history of sleepiness, palpatations, chills, and a weak feeling, frequently in the morning as well as at noon. She has had no change in her weight, but has noted these symptoms since her hysterectomy at the age of 50. She has been taking Premarin, 1.25 mg a day and feels that this does relieve some her symptoms early in the morning. She has had some constipation also, some dry skin, no change in voice or hearing. There is a suggestion of cold intolerance and puffiness of the face and the extremities. Other medicines include Darvon and Miltown.

Her past medical history is essentially remarkable for multiple psychosomatic complaints. The examination reveals a blood pressure of 170/90, the pulse was 80 and regular. The skin is somewhat cool, but not dry. The nails are not cracked and the hair is somewhat fine. The is a palpable goiter, approximately one half times enlarged, soft, non-nodular. The rest of the exam is unremarkable, although her reflexes are possibly somewhat delayed in relaxation.

Comment: This lady did have a five hour GTT with blood sugars in the high 50's at the fourth and fifth hour. She did reproduce her symptomatology at this time, and thus I feel hypoglycemia is playing some role in her illness. In addition there is a suggestion of myxedema, and free T4 as well as a TSH are obtained today. She will return in two weeks time.

8/29/74

Mrs. Timmons continues to have multiple psychogenic complaints. I have attempted to reinforce that there is no definite pathology found here although her LH and FSH were somewhat on the high side considering her estrogen intake.

Plan: increase estrogen to 1.9 of Premarin daily and increase Meprobamate dose to 200 mg. q.i.d.

10/3/74

Mrs. Timmons is complaining of severe depression with insomnia, morning headaches, crying spells and a generalized feeling of tiredness. Initially she felt the increased Premarin was helpful, however, currently she notices no effect. I have placed her on Elavil 25mg. t.i.d. and have discontinued her estrogen therapy for the present time.

DR. R. G. BRODOWS

A 115

I believe the Chemistry

The Genesee Hospital

Report is hypoglycemia

CLINICAL LABORATORIES
224 ALEXANDER STREET
ROCHESTER, NEW YORK 14607
PHONE: (716) 263-6110

BERNARD B. BRODY, M.D.
DIRECTOR OF LABORATORIES

+ account for 95% Appl Symptom

PATIENT NAME	SEX	NUMBER	TEST DATE
TIMMONS, ELEANOR	F	083733	7/24/74

WILLIAM MADDEN MD
296 SO. GOODMAN STREET
ROCHESTER, N Y 14607

Unreadable

CHEMISTRY -	BUN	NA	K	CO2	CL	GT-BL GLU-F	GT-BL GLU-1	GT-BL GL1.5	GT-BL GLU-2	GT-BL GLU-3	GT-BL GLU-4	GT-BL GLU-5	GT-BL INS-F	GT-BL INS-1	GT-BL IN1.5	I
07-24 9.00A	12	141	4.7	23	104	80	107	90	99	97	57	56	11	46	48	

CHEMISTRY -	GT-BL INS-3	GT-BL INS-4	GT-BL INS-5	GT-UR GLU-F	GT-UR GLU-1	GT-UR GL1.5	GT-UR GLU-2	GT-UR GLU-3	GT-UR GLU-4	GT-UR GLU-5
07-24 9.00A	37	11	14	NEG	NEG	NEG	NEG	NEG	NEG	NEG

CHM SURVEY-	BUN	GLU	SGOT	LDH	TOTAL BILI	ALK PHOS	URIC ACID	TP	CHOL	CA	PHOS	ALB	GLOB	A/G
07-24 9.00A	16	95	24	182	.5	41	4.0	6.6	246	9.1	3.3	4.0	2.6	1.5

A 116

BEST COPY OBTAINABLE

122

* DENOTES RESULT ABOVE OR BELOW ADULT NORM LIMITS

TIMMONS, ELEANOR REPORT DATE 7-27-74 PAGE 1 END PRIVATE AMBULATORY REPORT P&LC

NORMAL VALUES APPEAR ON REVERSE SIDE

LABORATORY WORK SHEET

NAME: TIMMONS, ELEANOR

DATE	8/15	8/29	10-3							
T4										
T3										
TSH	9									
FT 4I	8.2									
LH	30.6									
FSH	18.0									
CORTISOL										
CA										
P										
K										
BUN										
WT		155	151½							
METS	1.25 PITMARIN									

A 117

JOHN H. REMINGTON, M.D., P.C.
MEDICAL ARTS BUILDING
277 ALEXANDER STREET
ROCHESTER, N. Y. 14607

124

November 21, 1973

J. William Quinlan, M. D.
St. Mary's Hospital
Rochester, New York 14611

Dear Dr. Quinlan:

I am sending this report subsequent to our recent telephone conversation as you may want this for your permanent records.

Mrs. Eleanor Timmons of 11 Jordan Avenue consulted me on October 12 because of "fissures from dilation by Dr. Dacks" sometime in the past which have not healed. She was having some difficulty evacuating her bowel and found it necessary to take milk of magnesia or an enema.

Sigmoidoscopy of the lower bowel revealed a normal intact mucosa. Examination of the lower rectum and anus failed to reveal any hemorrhoids or fissure. Barium clysma studies by Dr. Paul Guest were negative. She did have some rectocele present.

I advised Mrs. Timmons to take Dialose Plus and to exert digital pressure along the posterior vaginal wall for support as she evacuates.

Thank you for referring this patient to me.

Sincerely yours,

John H. Remington, M. D.

JHR/jdr
cc: William S. Madden, M. D.

A 118

2-11-74 Medicine 10 mi E/R
#150 x 45 ft

A 119

ST. MARY'S HOSPITAL
PROGRESS NOTES

Name Eleanor Timmons BEST COPY OBTAINABLE Case No.

DATE	NOTE PROGRESS OF CASE, COMPLICATIONS, CONSULTATIONS, CHANGE IN DIAGNOSIS, CONDITION ON DISCHARGE, INSTRUCTIONS TO PATIENT.
SEP 4 - 1973	Had virus infec. Marked weakness, [illegible] [illegible]. Nausea cleared. Feels faint. Abd cramps cleared. No urinary symptoms. P80 130/80 8.00
	9-7-73 Darvon Compound 65 mg. #50 Sig: One q4h prn for pain x5
SEP 24 1973	Had virus infec. Very tired. Pressure on rectum & Perspiration with contractions. Takes M.O.M. to [illegible]. [illegible] appetite OK. → 8.00 151 lbs ō shoes P72 130/70 Pressure "on bladder"
NOV 2 - 1973	Nausea ō V, [illegible]. [illegible] / 2 days Rectal [illegible] [illegible] [illegible], No diarrhea 110/80 → 8.00 [illegible] 4.00 12.00 Cramping → anxiety [illegible] (not help) Diarrhea → [illegible] pain B.M. [illegible] [illegible] Told to take [illegible] ? M.C.M. 0.5 [illegible] (Bentyl)

Form 504

BEST COPY OBTAINABLE

Mrs Timmons ⑧

DR. QUINLAN W J 0020

7 00E

DATE REC'VD.	LAB NUMBER
12 11 68	010 10876

GLUCOSE	UREA N.	URIC ACID	CREATININE
95	▲	▲	▲
mgms %	mgms %	mgms %	mgms %

▲PERFORMED ROUTINELY WHEN BUN IS 20 AND ABOVE

BIOCHEMISTRY

Timmons, Elanor
PRINT PATIENT'S NAME ↑ and →
December 11, 1968
PRINT DATE ↑ and →

DEC 12 -68
BROOKLYN, NEW YORK 11215
DIRECTOR

12 11 68 4421

SPECIFIC GRAV'Y	PH	PROTEIN	SUGAR	KETONES	BILI
1030	5	0	0	0	0

CASTS
WBC/HPF 0 — 3 CLUMPS /HPF
RBC/HPF
OTHER

BROOKLYN, NEW YORK 11215

Timmons, Eleanor
PRINT PATIENT'S NAME ↑ and →
December 11, 1968
PRINT DATE ↑ and →

KEY: NEGATIVE = 0
POSITIVE = 1, 2, 3, 4 PLUS

DIRECTOR

1-3-69 In Hosp ē
pneu. Severe
emotional reaction ē
Taking meprobamate
800 q.i.d. Given
[illegible] — now
taking 400 q.i.d.
generally — Nausea
past 24 hrs. Taking
[illegible]. Sleeps fairly
well. [illegible]
constip. Feels weak,
no cough now. Lack
of interest.
Advise meprobamate
400 q. < 800 t.i.d. ē

151 lbs P 72 Reg — 140/80

1-10-59 [illegible] 3 mg #36 × 5

2-1-59 Report — [illegible]

2-7-69 Had nausea — Stomach sore. Aches in legs
Arms ache. Feels tired. Burning pain at night
in Pelvis ē Incontinent of Stools & urine for cough
Says no vomiting. Appetite good — has coughs
not sleeping well

146½ lbs. P68 Reg 130/80 [illegible]
10-21-69 Tetracycline [illegible] 250 mg Capsules #12 Sig 1 q 4 h
qid x3

1-19-70 Meprobamate 200 mg #24 Sig: 1 q 4h as needed
for nausea x3

10-21-70 [illegible] early [illegible] — (Dup)
[illegible] [illegible] [illegible] [illegible] [illegible]
Pain c B.M. [illegible] [illegible] [illegible]
of stool soft. Has BM good [illegible] —
[illegible] [illegible] — no [illegible] [illegible]
[illegible] [illegible] [illegible] — Good
Rx [illegible] q i d #36 x5
0.5 [illegible] ([illegible])

0/30/70 Robinul Plain #12 Sig 1 bid q 12h x5

2-11-72 [illegible] - 6 wks. [illegible] [illegible] Epi [illegible]
[illegible] [illegible], [illegible] [illegible] [illegible]
Tired [illegible] [illegible] M.O.M 6 days ago [illegible]
[illegible] [illegible] [illegible] [illegible]
0.5 [illegible] ([illegible])
154 lbs. P64 120/80.

2.23.72 Lomotil Tablets #36 Sig: 1 q 3 h for abdominal pain and diarrhea no
3.1.72 Couldn't take Lomotil. Side effects!
Paragoric instead

5-4-73 Darvon Compound 65 mg. #50 Sig: 1 q4h prn for pain x5

BEST COPY OBTAINABLE

SAINT MARY'S HOSPITAL

TIMMONS, Eleanor 112150-68

DISCHARGE SUMMARY: ADMITTED: 12-15-68, DISCHARGED: 12-22-68.

This 54-year-old lady developed symptoms suggestive of the "flu". However, on the day of admission, she developed vomiting and later marked difficulty in breathing. She was brought to the ER. A chest film showed evidence of pneumonitis. She was admitted to the hospital. When seen, she complained of marked difficulty in breathing, but by observation, her breathing seemed easy, and her respiratory rate was not increased. Oxygen however was used, but when attempting to discontinue the oxygen, the patient would insist on it being restarted.

Rhonchi were present on the examination of the lungs and coarse rales throughout the lung fields.

On admission, the HGB was 12.6, HCT, 41.5, white count, 5,700 with a normal differential. The FBS was 99; BUN, 10. The Potassium was decreased to 3.2. The SGOT was 34, SGPT, 14, LDH, 340.

Urine Analysis: The Sp. Gr. was 1.005 with rare red and white cells.

A throat culture grew Pneumococci, some yeast, and Nyceria as well as a few Alpha Strep. The sputum culture was predominantly Pneumococci. The blood was negative for cold agglutinins.

A chest film showed a patch of increased density in the lateral view, probably in the right lower lung field. A few other areas also were noted.

(See page 2.)

A 123

The impression was basilar pneumonitis. A repeat chest film on 12-21 showed that the infiltrations were still present; although, there had been some clearing.

An EKG showed what were interpreted as being probable ischemic changes.

The patient was treated with oxygen, Erythromycin, since she is sensitive to Penicillin, Thorazine, because of marked tension, Darvon compound, and IPPB. She improved, and after a few days, she was permitted to sit in the chair. At the time of discharge, her condition was satisfactory.

On admission, her temperature was 101 rectally. This gradually subsided however until it was 99.4 on the day of discharge.

Final Diagnosis: Pneumococcyx Pneumonitis.

The prognosis is good.

Dictated by: _____, M.D.

Dr. Quinlan:ljb

1-23-1-24-69

A 124

Mrs Timmons

Diag - Bronchopneumonia
(Pneumonitis)

131

12-15-58 — 16.50

12-16
12-17
12-18 } acc 11.55 - 69.30
12-19
12-20
12-21

12-22 — 2.60

92.40

American Cancer Society
Monroe County Branch

CYTOLOGICAL EXAMINATION FOR MALIGNANCY

PATIENT'S NAME Elenor Timmons UNIT NO. DIV.
SOURCE OF SPECIMEN cervix DATE OF COLLECTION 1-14-57
PHYSICIAN'S NAME Dr. Heckel ADDRESS

RESULT OF MICROSCOPIC EXAMINATION

Cervicitis

No malignant cells seen

LAB. NO. 16801 DATE 1-21-57 WILLIAM M JACKSON M D.

260 Crittenden Blvd.
Rochester 20, New York HB-460

BEST COPY OBTAINABLE

A 125

12/21/68 132

Dr. Quinlan

Timmons, Eleanor

537

8X17291

Chest

The bilateral basilar infiltrations noted on the previous exam of 12/15/68 are still present, although there has been some clearing of the infiltrate in the right cardiophrenic angle. There is slight more prominence of the infiltrate in the area immediately adjacent to the left heart border. The pulmonary markings are somehwat stringy indicating old disease as well. There is slight increase in the AP diameter of the thorax and increased lucency in the retrocardiac and retrosternal space.

Impression: Acute pnaumonia involving the lingula and right middle lobe.

J.T. Haggerty, M.D./mk

A 126

133

12-15-68

Timmons, Eleanor

Dr. Quinlan

8X17291

537

Chest

There is a patch of increased density in the lateral view that probably lies in the right lower lung field. A few other areas one of which lies inthe lingular where some increased density is noted. The lungs are otherwise clear of acute disease and the costophrenic angles are sharply defined. The cardiovascular and mediastinal silhouette are within normal limits.

Impression: Basilar pneumonitis.

J.T. Haggerty, M.D./bl

A 127

134

November 27, 1968

DR. J. WILLIAM QUINLAN
123 Barrington Street
Rochester, New York 14607

RE: ELEANOR TIMMONS

Dear Bill,

This patient has been seen in the office twice since January 1968. On July 2, 1968 she had an active yeast drainage, and was taking Premarin .325, one tablet every day. Mycostatin Suppositories were ordered. She subsequently had a refill of Premarin .325 on two occasions. She was last seen on Sept. 10, 1968; at that time she had a small amount of yeast.

I ho[illegible]is information will be of help to you.

Sincerely,

Bill Madden

Dr. William L. Madden

WLM/jc

A 128

BEST COPY OBTAINABLE

May 3, 1967

William L Madden, M.D.
296 South Goodyman Street
Rochester, New York 14607

Re: Mrs. Eleanor Timmons

Dear Bill:

I received your note regarding your difficulties in treating Mrs. Timmons. I have never successfully prescribed medication for her which did not result in what she calls " side effects ". Mrs. Timmons is a very fine person but she has real emotional problems and has in the past received psychotherapy.

I saw her on April 5, 1967. She stated that she had been well in general. She has considerable trouble with gas during the night and blamed it on the use of Premarin. She experiences throbbing of her arms and weakness when the hormone is stopped. She has been depressed in the past but not at the present time. She would constantly refer to the side effects of medication. She indicated that while taking Progesterone she slept well. She tires easily and indicated that she does less so while the hormone is being taken. She did describe the occurrence of pressure "after injections", i.e. pressure in the region of the bladder. She further described a rapid weight gain with the use of hormones. She says that she feels lightheaded when no hormone is taken, at the same time she experiences palpitation. She described aching of her eyes and blurring of her vision either from the lack of hormones or when too much had been taken.

On physical examination, her weight was 150½ lbs., this represented an increase of about 5 lbs. during the preceding year. She stated that she had been 145 lbs. a few days ago, and I suspect that she is given to fluid retention, as I have found many psychoneurotic women are. Her pulse rate was 68, regular. Blood pressure 110/80. Physical examination revealed no abnormalities. Urinalysis was normal. Ht. 44. Hb. 14.4 gms. WBC 6,300.

Personally, I have tried to encourage Mrs. Timmons to get along with as little medication as possible since when she refers to symtoms I have told her that everything that I have tried produced what she called "side effect". As indicated above she feels that the hormones on one hand relieve symptoms and on the other hand they produce them. I encouraged her to give and

A 129

adequate trial to the small dose of hormone with the hope that it may allay her symptoms without producing what she calls are "side effects"

Best of luck to you!

Sincerely,

J. William Quinlan, M.D.

JWQ:enq

A 130

WILLIAM L. MADDEN, M. D.
296 SOUTH GOODMAN STREET
CORNER OF HARVARD STREET
ROCHESTER, N. Y. 14607

137

April 1, 1967

Dr. William Quinlan
123 Barrington St.,
Rochester, N. Y., 14607

Re: Mrs. Eleanor Timmons

Dear Bill:

I am sorry not to have written you sooner on this patient with whom I am sure you are familiar. I must confess I have a hard time assessing her responses.

I started her out in January on a trial of Premarin to which she seemed to get an ultimate sick headache, burning in breasts, etc. etc., so we discontinued it and gave her Delatestryl 125 mgm. in February on 2 occasions and this seemed temporarily to make her feel better. However, she resumed the shakiness, weakness, etc. so I again tried Premarin for 5 days when she resumed side effects.

Today I have elected to try a smaller dose of Premarin on a trial basis and I hope this may have some effect but I feel that the underlying psychoneurotic pattern is more significant than is any hormone deficiency.

With kindest personal regards,

Bill

wlm/cm

WILLIAM L. MADDEN, MD

A 131

①

4-5-67 Muscle twitching & [illegible] [illegible]
cont'd no pain in fingers Tingling of tongue
Review – no colds – chest pain from [illegible]
Skin – N – some [illegible] (mild)
150½ (3)↑ was 158 few days ago
P64 R / 110/80 PE with R ([illegible]) shoulder – N

QUINLAN H 6

Doctor

Patient Name Timmons, Eleanor
Date 4/5/67 Age

RESULTS			CHECK TEST DESIRED
1.0 22			Specific Gravity
[✓ Acid]	Neutral	Alkaline	Reaction
[✓ Neg] 1, 2, 3, 4		Plus	Albumin
[✓ Neg] 1, 2, 3, 4		Plus	Glucose

Microscopic and Comments:
1-2 wbc/HPF

Bile performed on request

QUINLAN H 6

Doctor

Patient Name Timmons, Eleanor
Date 4/5/67 Age

RESULTS	CHECK TESTS DESIRED
	Sedimentation Rate, Modified Normal 2-12mm after one hr.
44	Hematocrit (Vol %)
14.4	Hemoglobin (gm %)
6.3	White Blood Cell Count (thousand / c mm)

Comments:

1-5-68 Darvon Comp 32 # 100 x 3
3-18-68 Darvon Comp 65 # 50 x 5

12-11-68 "Chest hurts" This A.M. Cough [illegible] [illegible] – day – Had diarrhea 2-3 x Pretty well otherwise – Pain in L arm. [illegible] medicine – saw Proctologist. no rectal bl., P-56 Reg, Lungs clear. Rx [illegible] #24

(... affectionately ...)

January 11, 1964

Mr. Pat V. Dinolfo
1030 Reynolds Arcade Bldg.
Rochester, New York 14614

Dear Mr. Dinolfo:

Re: Eleanor F. Timmons

You have received a report from Dr. Anthony Talamas. who during my absence saw Mr. and Mrs. Timmons after their accident.

I actually saw Mrs. Timmons on only one occasion on June 5, 1963. This was about four weeks after the accident. She stated that she was not experiencing any physical discomfort at that time, but had been very nervous since the accident. She was inclined to awaken during the night and was aware of the existence of fatigue and a feeling of weakness. Mrs. Timmons had been seeing Dr. Francis Kelly, the psychiatrist, until January, 1963. She was aware of feeling depressed, and Tofranil 25 mg. was prescribed to be taken three times a day. There was no further neck pain present, but Mrs. Timmons described a feeling of tightness in this area.

She called me a short time later and stated that her nervous and emotional state were not improving, and I recommended that she return to Dr. Kelly. I have not seen her since that time.

Sincerely,

J. W. Quinlan, M.D.

JWQ:EES

Enc.

A 133

LAW OFFICES OF
KARZ, BUETENS & DINOLFO
1030 REYNOLDS ARCADE BUILDING
ROCHESTER 14, NEW YORK
HAMILTON 6-0420

MILTON KARZ
MELVIN WM. BUETENS
PAT V. DINOLFO

January 9th, 1964

J. Wm. Quinlan, M.D.
123 Barrington Street
Rochester, New York

In re: Eleanor F. Timmons
11 Jordan Avenue

Dear Doctor Quinlan:

I would appreciate it if you would send me a progress report and a statement to date on the above named.

Thank you for your cooperation, in this matter, in the past.

Very truly yours,

KARZ, BUETENS & DINOLFO

Pat Dinolfo
Pat V. Dinolfo

PVD:hmm

6-8-65 Had Hyp. - Tires easily - Having headaches [illegible]
[illegible] 4 x since [illegible]. Lasts 1-2 days - [illegible]
"Virus" ; [illegible] - Sore throat + cough ; nearly
Had [illegible] - Improved - have [illegible] ; Occurs
at night - Unable to tolerate hormones -
Ovaries removed. Not sleeping well. Pain [illegible] x
[illegible] on "annoying"
by [illegible] Comp. - Has pain in [illegible]
145½ lbs. P 92 Reg 120/80 Cell 7- Cont. 3/10
Headaches
Hb - 12 gm (84%) WBC - 5,400 Ht - 41%

Cont'd [illegible] [illegible]. [illegible] c̄ menses. [illegible] for [illegible] mos ago. Stopped. ⑤ [illegible] [illegible] [illegible] [illegible]. [illegible] [illegible] [illegible] [illegible] - [illegible] [illegible]

NB "Spastic colon" by X-Ray "[illegible]" [illegible] [illegible] [illegible] expect [illegible] [illegible] [illegible] [illegible] last not [illegible] menses - [illegible] - [illegible] regularly c̄ menses - G-I - appetite good. [illegible] c̄ menses. [illegible] [illegible] [illegible]. Retains fluid. [illegible] "[illegible]" Allergy - [illegible] - Itching [illegible] [illegible] [illegible]. Had 1 hard cold. C-V - Ankle edema [illegible]. [illegible] [illegible] [illegible]. Meds - [illegible] [illegible] [illegible]

153 ([illegible]) P64 R[illegible] 120/70 [illegible] [illegible] [illegible] Thyroid. Uterus [illegible] enlarged. [illegible] [illegible] otherwise N, [illegible] 2 mg / day #12 x 6

PE 2.0—

Ref to Gyn ([illegible])

3-8-65 [illegible] [illegible] [illegible]

BEST COPY OBTAINABLE

Hb. - 9.5 gm. (66%) WBC - 8,600 Ht. - 33%

sp gr 1.023 [illegible] [illegible] [illegible] - 0

LAB. # 27784

CYTOLOGY LABORATORY
ST. MARY'S HOSPITAL
ROCHESTER 11, N. Y.

DATE: 3-8-65

Patient's Name Hammond (Last Name) Eleanor (First Name) Age 49 Sex M F

Address [illegible] Jordan Rd Repeat YES [✓ NO]

Specimen: CERVIX ✓ VAGINA ✓ OTHER

L.M.P. 2-28-65 Menorrhagia yes Metrorrhagia 0

Estrogen Therapy: [✓ NO] YES From [illegible] To

Radiation Therapy: [✓ NO] YES From To

CLINICAL IMPRESSIONS: NORMAL ABNORMAL MALIGNANCY

REMARKS: Uterus [illegible] enlarged

FOR INTERPRETATION SEE REVERSE SIDE

REPORT: (Negative, Suspicious, Positive, Unsatisfactory) PLEASE REPEAT ☐

COMMENT:

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142

LAW OFFICES OF
KARZ, BUETENS & DINOLFO
1030 REYNOLDS ARCADE BUILDING
ROCHESTER 14, NEW YORK
HAMILTON 6-0420

MILTON KARZ
MELVIN WM. BUETENS
PAT V. DINOLFO

September 20th, 1963

J. Wm. Quinlan, M.D.
123 Barrington Street
Rochester, New York

Dear Doctor Quinlan:

Please be advised that we represent Mr. and Mrs. Louis C. Timmons, 11 Jordan Avenue, relative to personal injuries sustained by them in an accident which occurred on May 11th, 1963 and as a result thereof, Mrs. Timmons was treated by you.

Kindly forward to this office your report and bill to date at your earliest convenience.

Thank you for your kind attention to this matter.

Very truly yours,

KARZ, BUETENS & DINOLFO

Pat V. Dinolfo

PVD:hmg

A 136

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243

7-12-65 "Nerves went to pieces" shortly after last visit — shaking, feeling of insecurity, [illegible] [illegible] Hx. [illegible] Tires Darvon Comp. Cries. Sleeps poorly. Lost her food [illegible] "sometimes". Having flashes. Right headache [illegible] to work 4 days ago, [illegible] [illegible]. [illegible] called. Also yesterday — upset about [illegible] to work & being called. [illegible] [illegible] "[illegible]". Rx [illegible] 100 t.i.d. [illegible] [illegible] #24 × 6

7-

4-4-66 Feels depressed. Flashes & night sweats [illegible]. Takes [illegible] [illegible] 1 Meprospan. Causes depression. Pain in rt arm, fingers & [illegible] — Darvon Comp. Sleeps [illegible] [illegible]. Relief ē Darvon. Takes ē [illegible] (Flashes). Less tired. Rx Premarin 0.625 q.d. #42 × 6 146½ lbs. P 72 Reg 130/80 PE neg RAM. (Last P — Normal). Lab count & Urine.

PE I -

4/23/66: Hb - 13 gm (90%) WBC - 4,900 Ht - 39%

yel 1.023 Alb & S - neg WBC - rare RBC & Casts - 0

4-5-67 See report (Madden) [illegible] in general Abd. cramps ē [illegible] this a.m. Also [illegible] gas during the night (related to Premarin!) [illegible] [illegible] weakness when [illegible] stopped. Feels depressed. — Premarin [illegible] — constantly refuses to take [illegible] — Sleeps well ē Progestin. Tires easily — [illegible]

A 137

BEST COPY OBTAINABLE

144

6-5-63 Jan Auto accident 4 wks ago. "nothing physical." Very nervous since -- Had muscle soreness. Saw T[illegible] 2x. Severe back pain c nervousness - 1st of day x. Lasted 3 days - Shaky. Nervous since early - Awakens during night & very tired. Sighs. Feels weak. Saw Kelly until Jan. Had taken Meprospan 1-2/day, Taking 1/day mostly - no benefit. Had taken Dexamyl in past c side effects. Mornings are worst. Awakens 5-6 A.M. Feels depressed.

Rx Tofranil 25 ~~mg~~ ACH 24 x 6; no neck pain - [illegible] tightness effect ④ (7- Jan 29.

2-19-69 [illegible] until [illegible] LMP [illegible] by Kelly 10-23 [illegible] Meprospan Rx (q 21-23 [illegible]) i.e. couple [illegible] [illegible] nausea from [illegible] c aching of breasts. Mod. [illegible] [illegible] at night. Tense Nausea [illegible] Itching of skin. Sensations at night. [illegible] 10 is 20 4 days 6 days ([illegible] + 1 with SN) [illegible] Still [illegible] [illegible] Taking [illegible] [illegible] depressed [illegible] 2 successive days. Chest tightness + [illegible] pain in chest 7 [illegible] (200 mg) [illegible], Taking Meprospan. [illegible] entirely. Was [illegible] [illegible] Remained 5 - no abd pain. Gall - N, Nausea [illegible] [illegible] no [illegible] no [illegible] Skin no [illegible] [illegible] [illegible]

A 138

G.I. appetite good – except when tense – N. Head no ear trouble. Skin – itching – Allergy – neg.

Resp. few colds – N. C-V – Vertigo [illegible] last period 4 [illegible] Sleeps poorly at x. G.U. tract – O. Micturition – [illegible] – N. [illegible] Takes [illegible] R [illegible]/day

PE Ht 143 3/4 (s) P 72 Reg 100/70 PE [illegible] R+S – normal

Rx Meprospan 200 b.i.d. # 50 x 9 Sample

Rx 20 –

Hb. – 10.5 gm (?) WBC – 8,400 Ht. – 35%

sp.g. 1024 [illegible] S. neg WBC 2-4, RBC & Casts – 0

LAB. # 20071

CYTOLOGY LABORATORY
ST. MARY'S HOSPITAL
ROCHESTER 11, N. Y.

DATE: 2-17-67

Patient's Name Timmons (Last Name) Eleanor (First Name) Age 48 Sex M F ✓

Address 11 [illegible] Ave

Specimen: CERVIX VAGINA Repeat YES NO ✓

L.M.P. 1-27-64 OTHER

Menorrhagia O Metrorrhagia O

Estrogen Therapy: NO ✓ YES From To

Radiation Therapy: NO ✓ YES From To

CLINICAL IMPRESSIONS: NORMAL ✓ ABNORMAL MALIGNANCY

REMARKS:

FOR INTERPRETATION SEE REVERSE SIDE

REPORT: NEGATIVE

(Negative, Suspicious, Positive, Unsatisfactory) PLEASE REPEAT ☐

COMMENT:

Examined By: [illegible] Check: Date: 3 5 64

NAME OF PHYSICIAN [illegible] MD

ADDRESS 123 [illegible] St. Roch N.Y.

(Phone No.) NO. STREET CITY ZONE STATE

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3-8-63 Tired – [illegible] [illegible] perhaps more [illegible] – [illegible] 6 – 9 days – [illegible] 3 – 4 days – [illegible] 19 – 35. LMP 2-28-65, [illegible] [illegible] – [illegible]: [illegible] [illegible] just before [illegible] [illegible] – Breasts [illegible] [illegible]

June 5, 1963

Mr. Pat V. Dinolfo, Attorney
1030 Reynolds Arcade Building
Rochester 14, New York

Re: Louis C. Timmons
Eleanor F. Timmons
11 Jordan Avenue
Rochester, New York

Dear Mr. Dinolfo:

Mr. & Mrs. Louis Timmons were rammed in the back by another car on May 11, 1963, 8:4[illegible] P.M., at Portland and Norton intersection. Mr. Timmons alleges the back of his neck hurt badly immediately after. He also had some pain in the abdomen as the driving wheel hit that spot. He was taken soon after to the E.R. at Northside, where X-rays of the neck were reported negative. He was described as shocky and shaken. He was observed for internal injuries and finally discharged the same day.

Physical findings: All the muscles in the back of the neck were in spasm, painful and tender. The liver was 3 cm. below the costal margin and there was suprapubic tenderness. Remaining examination was essentially negative. I have seen him in my office 6 times since. Liver function tests were negative. He was treated with diathermy and a neck collar to fit. He remains disabled to the present date -- the pains in the neck extending now to the low thoracic area.

Mrs. Timmons who was seated next to Mr. Timmons, felt dazed, but did not complain of any neck pains until the next day. These were less severe than her husband's, but the worst part was an exacerbation of an old complaint that she suffered for years, namely, pain in the epigastrium, radiating down to both sides of the pelvis. She was advised heat to the neck, aspirin with codeine. I have seen her 3 times since the injury. Her neck improved, but her abdominal complaints persisted.

Complete examination revealed: Tenderness of the muscles in the back of the neck, and generalized abdominal tenderness. Remaining examination was essentially negative.

Additional treatment for both consisted of muscle relaxants and analgesics.

A 140

6/5/63

147

Mr. Pat V. Dinolfo:

re: Louis C. Timmons
Eleanor F. Timmons

I believe the total duration of disability should not exceed 3 weeks for Mr. Timmons. Mrs. Timmons' abdominal complaints are likely to persist for a much longer period. As both are patients of Doctor Quinlan, I advised them to see him for further follow-up, upon his return from vacation.

Yours truly,

Anthony A. Talamas, M.D.

AAT/dk

cc: William J. Quinlan, M.D.

A 141

Timmons, Mrs. Eleanor 148

Date: 10/26/62

AURIC. RATE 64

VENTRIC. RATE 64

RHYTHM Sinus

AXIS Normal; Vertical

P WAVES normal

P-R INT. .16

QRS INT. .06

QRS COMP. normal.

ST SEG. normal.

T WAVES normal

CONCL. normal ECG.

123 BARRINGTON STREET
ROCHESTER 7, NEW YORK

A 142

Timmons, Eleanor

10-6-59 Adrenalin 1-10,000 1/10 cc. s.c. per order
Dr. Heckel.

10-14-59 Adrenalin 1-10,000 1/10 cc. s.c.
Pregnanolone $5\ 10^{-6}$

10/16/59 no change
R Adren 0.1 1:10,000 s.c.
Pregnanolone .01 s.c.
Worse after $5\ 10^{-6}$! :
occip. h. pain in chest
+ epigastrium
R Phenaphen c cod. .016

8/24/59 Very depressed again. She was well the day after she was last in.
Treatment: Adrenalin 1-100,000 2 ccs. The only effect seems to be in
Nardil to be tried six tablets given.
the right arm.

4/3/61 120/70 Menses: [illegible]
L.M.P. March 16 x 6-7

She is better. Still see psychiatrist. She has great nervousness post menstrually. Exam: skin- there are raw areason the back and neck where she has dug with her fingernails. Nose, throat, glands, thyroid, and breasts, heartm lungs, abdomen, extremities normal. Pelvic outlet healthy, vagina normal, cervix ectropion present, Pap. smear, uterus big normal, mobile, appendages negative, rectal there is prolapse of the rectal mucosa. This gives her considerable discomfort.

Treatment: Priol 0001 A.H.R. ½ daily. Increase to one. She will see Dr. Furtherer regarding rectal prolapse.

~~7/5/61~~ Hgb 12.5

7/5/61 She was unable to take Priol. Produced headache and pains in her jaw, etc. No further depression. She still sees Dr. Kelly. She has had some mid-cycle pelvic pain, also post-coital at that time.
Treatment: Priolone, regular. Start with one drop and work up to 4 (.1 cc of each solution was added to 16 ccs)

TELEPHONE GLENFIELD 3-6000

FRANCIS W. KELLY, M. D.
1351 MT. HOPE AVENUE
ROCHESTER 20, N. Y.

251

September 8, 1959

#3986

George P. Heckel, M. D.
1351 Mt. Hope Avenue
Rochester 20, New York

Re: Mrs. Elinor Timmons

Dear Dr. Heckel:

I examined your patient, Mrs. Elinor Timmons, on August 29, 1959, and it was my impression that this woman is suffering from a long-standing Anxiety Psychoneurosis with varying degrees of reactive depression that apparently has some etiological factors to the loss of a baby in March, 1958; but in my opinion, this has much deeper elements that extend back prior to this time.

I feel that this patient is in need of a great deal of supportive, symptomatic and explanatory therapy that should be kept on a rather superficial level; as I do not feel she has the intellectual ability or emotional capacity for depth therapy. I feel that it is going to be a difficult task to establish rapport with this patient, and my impression at this time is that she has a great deal of poorly repressed hostility to physicians she has seen in the past. In my opinion, this patient is in need of extended psychotherapy. I do not feel that she requires hospitalization at this time.

Thank you for this referral and be assured that I shall be willing to cooperate in the future.

Sincerely yours,

Francis W. Kelly, M. D.

FWK:mad

A 145

8/19/59 Telephones: Very agitated and shaking, weeping, feels the need of immediate help.

Later on in day Dr. Heckel recommended that she see a psychiatrist again Dr. Pleume, whom she had formerly visited.

2 P/M/ Telephones: Is given Dr. Heckel's suggestion- remarks that she has greatly aided her condition with "Hot Tea" and a "Sleeping Tablet".

RX: Told to discontinue Nardil- continue hot tea-

8/25/59 Patient is again badly depressed. She was not able to tolerate the Nardil. It made her extremely nervous. She is given a c.c. of adrenalin 1-10,000 with little systemic reaction and no relief of her depression. She was then given about 8/10 c.c. of Adrenalin 1-1,000. She had a marked systemic reaction with nausea -thought she was going to die. After this depression cleared to a great extent.

Treatment: Om serum 1-5 1/2 c.c. i.m.

7/27/59 136/60 after

Adren 1:1000 iv. 0.4 ml 0.3

with headache: no good

1/20 ml M.S. s.c.

She recalls pregnanelone was helpful.

Treatment: She is given Adrenalin 1-100,000 today with no obvious improvement. For the past couple 55 days the depression has been absent but she is shaking.

Treatment: She is given 1/10 c c of pregnanelone 10-5 and a vial of 10-7 for daily injections.

9-19-59 Adrenalin 1-1000 .8 cc. given I.V.

Tofranil 1 or 2 p.r.n.

for immediate relief.

Timmons, Eleanor 153 3986

7-31-59 ℞ Adren. 1:10,000 : ½ cc.
Delest. 5 mg.

8/4/59 Telephones: Depressed again- Describes muscle as " all inflamed" again, head back, neck, shoulders, chest, etc. Dives a story of alternate depression and then pain. Will call again tomorrow.

8/5/59 depression lifted in evening. Pain worse. depression again today.
℞ Progynon B 0.33 mg. i.m. (RR)
Ad. 1:10,000 i.v.

8/7/59 I.V. Adrenalin 1-10,000 (½ cc) -
Progynon B. 0.33 mg. i.m. (RR)
Little if any relief.
Adrenalin 1-1000 (¼ cc. i.m) no relief
" 1-1000 (¼ cc i.m.) -

8/12/59 ℞ 0.1 ml Premarin s.c. for
Ad. .25 1:10,000 = no effect
Sod amytal .065
1 or 2 for sleep
Marsilid ½ or 1. #6

8/14/59 Bad
℞ Proluton 50 mg

8/19/59 Depressed & agitated
℞ adrenalin 1:10,000 i.v.
1 ml ē great benefit
Marsilid 15 mg. t.i.d. #15 x 6

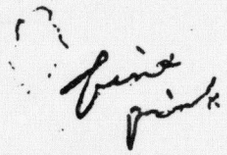
A 147

Timmons, Eleanor
7-23-59

154

11 39

Rt forearm



fine print

own serum 1-1,000
of 2/28/59

deep

6.3

too deep
to measure

11 44 1/2

own serum 1-1,000
of 2/28/59

11
14

9.7

A 148

Eleanor Timmons

7-7-59.

0.1 mg/ml - 1/20 cc.

Estrone

Pregnanediol

Pregnanedione

Pregnanolone

Treatment: Cervix is hyfrecated

Other treatment as above.

6/29/59 Telephones: Story of severe pain in right heel radiating upwards into the groin, across the lower back and down into the left knee. Feels sick. Has had continuous pain since she was in the other day specifies pelvic pain. Remarks that if she steps on right foot off balance pain is aggravated.. Says pain shoots.

℞ Pheazlem C cod .016

7/7/59 Bad depression

℞ Adrenalin 1:100,000 2 ml

S.T. g.v.

7/14/59 Very depressed

℞ 1:100,000 1 ml

1:10,000 1 ml

Pregnanelone 5 10-5

7/23/59 Good until 7/14

She has been having pelvic, throat, chest pain and depression. So deep today that she comes in for adrenalin.

Treatment: Adrenalin 1-10,000 i.v. Skin tested with her own serum 1-1,000 from 2/28/59 there is definite reaction about as great as straight serum produces when it is fresh. She will use her own serum of 2/28/59 diluted 1- 10, 000. Alternate with pregnanelone.

7/29/59 Telephones; Feels very ill and depressed. Started different medication on 7/23- 7/24- upset and depressed. 7/25 listless and depressed 7/26/- day of own serum- fair

7/27- pain again

7/28/59 depressed as day goes on. burning inside, muscles affected. No appetite. Throat muscles tight. Weeping.

Rx: [illegible] own serum.

7/31/59 Telephones: Some better but not too good. Rx: come in

A 150

5/23/59 Depression began yesterday. the 14th day of the cycle. The day before that she felt unusually good.

Treatment: Adrenalin 1-100,000 resulted in the usual systemic reactic plus an involuntary shaking of the head. Some relief. She is given estradiol .01 s.c. and ~~a~~ vial of .01 cc for daily injections.

6/4/59 Felt okay the above shot second time.

Felt very well without any chest pain or other trouble until the 30th when it began rather severely and she has since developed depression. Menstruation is beginning now.

Treatment: She is given 1 cc of 1-100,000 of adrenalin and then 1/2 cc 1-10,000 with a systemic reaction plus chest and shoulder pain following the injection. Continue estradiol.

6/9/59 Adrenalin 1-100,000 (1cc) I.V. then
" 1-10,000 (.7 cc) I.V. Relief.
Progesone diluted to .01 mg/c.c. for daily inj.

6/14/59 Depression cleared; she now has pelvic pain & pain in rgt. thigh to knee.

Rx Premarin cream
continue above

Examination; Pelvic outlet somewhat relaxed,
vagina normal
Cervix- several large N. Cysts and some ectropion
Uterus- anterior, normal size, tender
Appendages- tenderness present.
Rectal- Large skin tag.

A 151

158

DEPARTMENT OF PATHOLOGY — ROCHESTER 20, NEW YORK

Patient's Name: Eleanor Timmons Age: 45 — Hospital Unit No.:

Address: 11 Jordan Avenue — Hospital Div. No: 3986

Source of Specimen: CERVIX ✓ VAGINA OTHER:

Date Taken: 6-24-59 Date Last Menstrual Period: June 1957

Estrogen Therapy: NO ✓ YES From: To:

Radiation Therapy: NO ✓ YES From: To:

CLINICAL DIAGNOSIS: Routine

REMARKS:

REPORT: NO MALIGNANT CELLS SEEN [✓] COMMENT RR:

CLASS: 1 (2) 3 4 5

[ ] PLEASE REPEAT: WILLIAM M. JACKSON, M. D.

Examined By: [illegible] Check: Date: 7759

NAME OF PHYSICIAN: George P Heckel M D.

PHONE ADDRESS: 1351 Mt Hope Ave Roch 20 N Y

NO. STREET CITY ZONE STATE

PRINT OR TYPE PLAINLY — THIS IS YOUR RETURN ADDRESS

BEAR DOWN FIRMLY—PLEASE—COPY MUST BE LEGIBLE

Lab. # 1193

CYTOLOGY LABORATORY

DEPARTMENT OF PATHOLOGY

UNIVERSITY OF ROCHESTER MEDICAL CENTER ROCHESTER 20, NEW YORK

Patient's Name: Timmons, Elenor Age: 45 — Hospital Unit No.:

Address: 11 Jordan Ave Hospital Div. No: 3986

Source of Specimen: CERVIX VAGINA OTHER:

Date Taken: 4-3-61 Date Last Menstrual Period: 3-16-61

Estrogen Therapy: NO YES From: To:

Radiation Therapy: NO YES From: To:

CLINICAL DIAGNOSIS: Routine

REMARKS:

REPORT: NO MALIGNANT CELLS SEEN [ ] COMMENT RR:

CLASS: 1 (2) 3 4 5

[ ] PLEASE REPEAT:

Examined By: [illegible] Check: [illegible] Date: 4/11/61

NAME OF PHYSICIAN: George P

ADDRESS: 1351 [illegible] t 201 7

NO. STREET CITY

BEAR DOWN FIRMLY—PLEASE—COPY MUST BE LEGIBLE

A 152

159

Myrtle Logan Pleune, M.D.
233 Alexander Street
Rochester 7, New York

3986

April 15, 1959

Dr. George P. Heckel
1351 Mt. Hope Avenue
Rochester, New York

Re: Mrs. Louis Timmons
11 Jordan Avenue

Dear George:

I saw Mrs. Timmons twice. She felt better and hoped to work things out further on her own.

It was my impression that some of the conflicts that led to her depression in the post partum period recently, had been remobilized as a result of her sister's recent pregnancy and delivery. The sister, who is only two years younger than herself, delivered a healthy baby. She was able to consider her feelings about this with me---I felt with profit. She had already been able to go over, at her sister's invitation and bathe the baby, which we both feel marked a big step for her.

She also began to talk of wishes to go back to work when she felt a little better. I encouraged her not to expect too much of herself too quickly, but supported her expectations that she would eventually feel better. She focused heavily on medication as the cause of her difficulties, and I did not try to deal with this directly since this will take care of itself if she feels better.

Mrs. Timmons understands that she is free to get in touch with me if she finds it necessary.

Thank you for referring this interesting patient.

Sincerely yours,

Myrtle L. Pleune, M.D.

MLP:af

A 153

3/20/59 Treatment:- As above. She will see Dr. Myrtle Logan Pleume.

3/30/59 Better
Give i.v. adrenalin
0.5 ml 1:10,000 p.r.n.

3/22/59 Telephones: Has finished sessions with Dr. Pleume. Felt better for a brief time. Gets very depressed. Complains of severe pain. Is firmly convinced that medication is causing the pain. Ad vised to stop it for a couple of days and report. Advised to try and control pain with her RX for alangesics and report when Dr. Heckel returns.

3/27/59 Telephones: Stopped all medications for two days-last Thursday and Friday. Believes pain relieved. Saturday began entertaining such a severe depression that she resumed injections. At evening noted return of the pain. Complains that she is suffering today from pain. (Sleeps good nights) Reiterates that medication is causing the pain but she "can't live without it" because of her depressions.

4/25/59 Wt 132¼# If she does not take the Preone she gets [illegible]. When she does take it she gets pain in the chest and muscles of the arms.

Treatment: Adrenalin 1-100,000 i.v., Priol S 10 4

5/12/59 Preone seems certainly to cause pain, but controls depression.
Rx Chymar 1 ml
Preone, vial, 5 10-7

Bad reaction after 2nd
dose.

3/9/59 continued telephone call

Pain in stomach has decreased and "I found myself walking around unconsciously doing things I haven't felt able to do for a while".

She will try 1 drop of beladonna, take a sleeping capsule at night and continue injections.

3/10/59 Telephones: Took sedative last night. Slept all night. This morning took injection- had same old misery. Has gotten steadily worse, all day. Has taken "at least" 6 Empirim compounds today for relief. No relief. Describes symptoms as " inflamed chest, throat, neck and ears, tongue, glands and head. Very nervous. She feels the pain is the etiology of her nervousness. Didn't take any beladonna. Says she is confused.

~~The injection of serum seems to increase the pain. She is to stop this. Take codeine if necessary.~~

3-13-59 112/72

℞ Adrenalin 1:100,000

Own serum diluted c̄ 1:10,000

3/21/59 ℞ A.P.L. 5 u.

Vial of 50 u/ml for inj. q.o.d.

Bad panic first day of menstruation. Serum 1-10,000 has not upset her. She is to get a vial of A.P.L. 50 units per cc bfor trial. Alternate days with the serum.

3/25/59 0.5 ml Ad. 1:10,000

3/28/59 - 140/76 Adrenalin 1-10,000 1/2cc d/v

• Preone 0.1 mg's s.c. under tongue Vial of preone s = 10.5 for injections given

A 155

2/13/59 Telephoned: Can't tolerate biphetamine.

Treatment:- Resume shots of Prinone. Priol

2/25/59 Has been taking Priol 5 x 10 4 daily injections Given a vial of own serum diluted 1-50; will take .1 c.c daily.

Is given a cc of Adrenalin 1-100,000 with seemingly relief of chronic depression today. Skin tested with her own serum and there is a definitely positive reaction.

Treatment: As above . Her own serum 1-50 will be substituted for Priol 10-4

2/27/59 Telephoned: " Is it possible to be sensitive to your own serum "? She took two injections and had the same experience, felt bad, had pains in her ovaries etc. She recalls no local reaction. She will bring serum in for dilution.

2/28/59 Very depressed this morning and has some nausea.

treatment:- Adrenalin 1-100,000 1 ml i.v. She is to continue with her own serum diluted 1-1,000

3/1/59 Prolactin to 1:1000 1

Rx

3/5/59 There was no immediate reaction to the dose of her own serum 1-1,000 which she took yesterday. She is having pain and tenderness above the umbilicus, burning in the epigastrium etc. Also pelvic discomfort.

Treatment:- She is given a cc of adrenalin 1-100,000, then 1/2 ccof adrenalin 1-10,000 with systemic reactions. She seemed somewhat better when she left the office. She is to take her own serum 1-1,000 in doses of 1/20 cc. She will telephone and report progress.

Rx Belladonna

3/9/59 Telephoned. She states that pain is worse since last Thursday. Locates the most severe pain in her chest and upwards at this time. She took codeine throughout the night to relieve the severe pain. Complains of pain in the neck, glands, throat and back of her head. Spoke of taking beladonna(its not in record) says this aggravated pain terribly

A 156

1/13 cont'd

She is given 100 units of A.P.L. and a vial of 500 per cc. She is to inject about 100 units daily. There have been no severe attacks of depression but there is much room for improvement.

1/20/59 telephoned: Improvement continues. Continue Priol injections.

1/23/59 / Phone / "I'm feeling better" "Things look brighter"
Rx continue

1/24/59 Period

1/27/59 phoned yesterday — depressed. Today she feels better
Rx Adren. i.v. .6 ml 1:20,000
Estrone gtt $5 = 10^{-2}$

1/30/59 Had desire to make — bad slump night 1/27 — had since. Repeat Priol shot today stop Estrone

Is having a bad slump about as bad as at the beginning of her difficulty.

Treatment:- Adrenalin 1-100,000 1 cc, Estrone Priol tablets 2 mgs. 1-3 daily, # 9 given. She is also given 1 mg. of pregnandiol i.m.

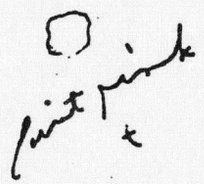
2/4/59 Telephone -
Rx Ritalin, 10 mgs, #12, ½ tablet t.i.d. daily,
Renew x 6 (Called to Cox's pharmacy) Ge:3-1458

2/10/59 Biphetamine 7½ gr. #20 - 1 on arising

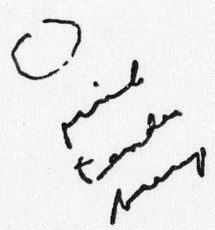
Timmons; Eleanor
1-9-59

Estrone 0.1 mg. s.c.

Pregnanediol 0.1 mg. s.c



Pregnanedione 0.1 mg. s.c.



2/25/59

7.8 own serum

A 158

NAME Jimmie YEAR 1959 UNIT NO. 165

MENSTRUAL CALENDAR AGE:

1	March 2	3	19 4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
29	30	31	April 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
26	27	28	29	30	May 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
24	25	26	27	28	29	30	31	June 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	July 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
19	20	21	22	23	24	25	26	27	28	29	30	31	August 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	September 1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	October 1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	November 1	2	3	4	5	6	7
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	December 1	2	3	4	5
6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	January 1	2
3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
31	February 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
28	29	Ovulation occurs 13 to 15 days before the next menstruation																									

Indicate normal bleeding by a line, abnormal by modifications, for example, normal menses

23	24	25	26	27

spotting increasing to hemorrage.

11	12	13	14	15	16

Use space below for explanation of symbols indicating other occurrences such as pain, and therapy.

A 159

NAME YEAR 1953 - 54 UNIT NO.

MENSTRUAL CALENDAR

AGE:

1	March 2	3	19 4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
29	30	31	April 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
26	27	28	29	30	May 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
24	25	26	27	28	29	30	31	June 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	July 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
19	20	21	22	23	24	25	26	27	28	29	30	31	August 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	September 1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	October 1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	November 1	2	3	4	5	6	7
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	December 1	2	3	4	5
6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	25	27	28	29	30	31	January 1	2
3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
31	February 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
28	29	Ovulation occurs 13 to 15 days before the next menstruation																									

Indicate normal bleeding by a line, abnormal by modifications, for example, normal menses

23	24	25	26	27

spotting increasing to hemorrage.

11	12	13	14	15	16

Use space below for explanation of symbols indicating other occurrences such as pain, and therapy.

A 160

NAME Timmons, Eleanor YEAR 1958 UNIT NO. 39[illegible]

MENSTRUAL CALENDAR AGE:

1	March 2	3	19 4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
29	30	31	April 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
26	27	28	29	30	May 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
24	25	26	27	28	29	30	31	June 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	July 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
19	20	21	22	23	24	25	26	27	28	29	30	31	August 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	September 1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	October 1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	November 1	2	3	4	5	6	7
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	December 1	2	3	4	5
6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	January 1	2
3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
31	February 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27
28	29	Ovulation occurs 13 to 15 days before the next menstruation																									

Indicate normal bleeding by a line, abnormal by modifications, for example, normal menses

11	12	13	14	15	16

23	24	25	26	27

spotting increasing to hemorrage.

Use space below for explanation of symbols indicating other occurrences such as pain, and therapy.

A 161

8/10/57 Stat. 143# Hgt. 115 Gen. neg O. alb. O
LMP 6 wks ago Pregnant
Jay Flowers Lyle - Pneumonia for nausea.
1-9-59 140/78. gent. I.V. adrenalin 1-100,000 10cc/54
1-10-59 120/78

1/9/59 She is depressed after the loss of a baby then felt normal for a while but in the last 4-6 weeks she has had severe depres[illegible]inning with loss of interest in everything. There has been no re[illegible]om the Equanil prescribed by Dr. Walker . It made her a little drowsy only.
Treatment: She is given a cc of Adrenalin 1-100,000 followed by about 4to 5/10 cc of Adrenalin 1-10,000. She is skin tested with metabolites subcutaneously.

1/10/59 Felt a great deal better last night. She was awakened during the night however with epigastric pain etc. She is that she had this at the onset of menstruation. She has definite reactions to pregnandiol and pregnandione.

Treatment:- She is given 8/10 cc of Adrenalin 1-10,000 with systemic reaction She is given drops Priol 10-3 plus Preone 10- 4 Take 2 in the morning and 2 at night.

1-13-59 A.P.L. 500 units per cc. vial of 4 cc. given
Instructed to take 2/10 cc. each day. Will call in @ end of wk * next week

1/17/59 Much better + has palpitations. Rx renew Priols

Looks much better and I think I noted before she has had some palpitations since taking the A.P.L. She feels very tense today after 1cc of Adrenalin 1-100,000 she is more relaxed.

Treatment:- Priol S10-4 given for injection of 8/10 ccdaily.

1/24/59

3/1/57. Comes in with her husband and the situation is discussed. She continues to have muscular pains, pain in the back and pelvix. Pain developed in the left shoulder, radiating into the breast and down the arm as noted on the calendar. She feels that she has been worse since the injection of Progynon B.

Treatment: pregnanediol cut to 10^{-8}. Dose: 10^{-9}.

3/18/57 a little better in past couple of days - back etc, but breast + head are starting to hurt.

3/19/57 ~~[illegible]~~ Pregnanediol 1 cc. 10-6 I.C.

Vial 10-6 given

3/19/57. As previously noted, the pelvic and back pain subsided in the last few days, but the pain in the left breast and shoulders has increased a little. The last few days she has felt better than previously.

Treatment: Increase priol to 10^{-8}, vial of 10^{-7} given.

4/3/57. Began to have pain, etc., beginning about three days before menstruation. Still does not feel that she can go back to work.

Treatment: continue priol 10^{-8}. If she picks up more solution, give solution 10-6, dose 10^{-7}.

4/16/57 Had more P in symptoms, continues

4/22/57 Vial 10-6 given (R.R.)

5/23/57 Vial Pregnanediol 5 10-6 given (R.R.)

6/25/57 " " 5 10-6 " (RR.)

7/30/57 " " " " " (R.)

A 163

Memo... Attending physician's report to ER Co.

absence began 1-4-57

Diag: same

Susp pt more than one (Yes) & is still under active treatment

? when pt. can resume work

There has recently been some improvement.

3/20/57 GPH

Delfen

Ortho

170

same

Yes

Yes

at any time

On 4/16, patient was told that she could return to work, but she did not yet feel able to do so.

5/10/57

A 164

Premenstrual syndrome

Yes

Yes

January 26, 1957

A 165

treatment by Dr. [illegible]

1-21-57: BP 110/72

She continues to have tension and muscle soreness.

Treatment: 1 cc. of adrenalin 1-100,000 is given with very little affect; a ½ cc. of 1-10,000 is followed by a systemic reaction, she felt a little more relaxed.

Treatment: Ephedrine .00025

4/25/57 Pain in ~~[illegible]~~ pelvis one day ago.
Pain in back, numbness -
the same as when she re-
acted to the before.

1-29-57: She is possibly a little better, still has muscle soreness, etc.

Treatment: Pregnandiol 1/10 sc. 10^{-7} Vial 10^{-6} given

1/30/57 * Pain in epigastrium
chest & back went away.
Pain in arms & legs worse

2/1/57 Muscle tightening - Feels worse.
Folbesyn 2 cc. I.M. per Dr. Stalker (R.R.)
Cont SC [illegible]
[illegible] lithium B.I.D for 5 days.

1-30-57: The pains which disappeared have reoccurred to some extent since she dressed to come to the office.

Treatment: Pregnandiol 10-7 sc., vial of 10-6 (check this) correct given for daily injection.

Stop other treatment.

2/28/57 Pains etc. from B!
Increased symptoms ā in again.
R continue shots

Timmons, Eleanor

1-14-57: Wgt. 145; Urine: Sug. 0 Alb. 0; BP 110/60

Patient is referred by Dr. Ziegler, who says that he believes that she is neurotic and 2/confirmed this in his opinion, absence of the gag reflex and absence of the corneal reflex. She complains of severe low back pain particularly during the past two months. It gets worse a week before menstruation and is most marked during the first two or three days. Two years ago, she had pain in the back and pelvic area seen by Dr. Norton and also Dr. Parker who a year ago did a cystocopy, found no stones as he suspected he might.

She also gets sharp pains in the rectum before and during menstruation and particularly the week before menstruation, there is a pain deep in the pelvic area. Thirteen years ago, she had a suspension of the uterus, but she says the pelvic discomfort at that time was different. She has two children, age 11 and 17. A year ago, Dr. Quinlan gave her some medication, some tablets of various kinds and these made her worse. Breasts are sore a week before menstruation but there is no nausea, no definite allergies, no other operations.

Exam: Patient is well-developed; skin clear; thyroid negative; breasts soft; Indeed there is no gag reflex; I did not test the corneal; abdomen mid line sc

Pelvic: Outlet healthy

Vagina: Normal

Cervix: Healthy; Pap smear

Uterus: Big, normal, anterior, mobile, very tender

Appendages: Bilateral tenderness

After the examination the backache was worse.

Diagnosis: Premenstrual Syndrome ✓

Treatment: Skin tests are done

1-15-57 Progynon B 2mg IM Lecal tab. 001 (pink) #3

wgt. 107½ Hgb. 13 g

1/18/57/ Muscles are tightening up as they did before!

January 15, 1957

Re: Eleanor Timmons
11 Jordan Avenue

Dr. Rolfe R. Ziegler
797 Elmwood Avenue
Rochester 20, New York

Dear Rolfe:

I agree that Mrs. Timmons symptoms are functional that is neuro-humoral related to the menstrual cycle, and I am undertaking treatment.

Thanks very much.

Sincerely,

George P. Heckel, M. D.

GPH:af

A 168

4.14 pm.

Timmons, Eleanor
1-14-57

Rt forearm

15"

Estriol :

Estrone " trace ~ pink

Pregnanediol " 0 trace+

Pregnanolone " - +

Rt upper arm

Estrone .1

Pregnanediol .1

176

NAME Zimmerman YEAR 1956-57 UNIT NO.

MENSTRUAL CALENDAR AGE: 42

1	March 2	3	19 4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	E 23	24	25	26	27	28
29	30	31	April 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
26	27	28	29	30	May 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
24	25	26	27	28	29	30	31	June 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30	July 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
19	20	21	22	23	24	25	26	27	28	29	30	31	August 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	September 1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	October 1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	November 1	2	3	4	5	6	7
8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	December 1	2	3	4	5
6	7	8	P 9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	25	27	28	29	30	31	January 1	2
3	4	P 5	6	7	8	9	10	11	12	13	S.T. 14	15	16	17	18	19	20	21	22	P 23	24	25	26	27	28	29	30
P 31	February P 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	[illegible] 17	18	19	20	21	22	23	24	25	F 26	27	
28	29	Ovulation occurs 13 to 15 days before the next menstruation																									

Indicate normal bleeding by a line, abnormal by modifications, for example, normal menses 23 24 25 26 27

spotting increasing to hemorrage. 11 12 13 14 15 16

Use space below for explanation of symbols indicating other occurrences such as pain, and therapy.

x X 7

continuous backache
worse c̄ m̄
[illegible] 1 wk ā m̄
2 yrs ago – [illegible] to pelvic area
[illegible] + [illegible]
1 yr. cystoscopy – no stones
sharp pain in rectum
ā n c̄ m̄

A 170

Dr. 1 wk

[illegible] : 17 – 11

[illegible] [illegible] 13 yrs. pain
different

Dr. [illegible] : med. made her
worse 1 97

BEST COPY OBTAINABLE

LAB. # 11193 (D)

CYTOLOGY LABORATORY
ST. MARY'S HOSPITAL
ROCHESTER 11, N. Y.

DATE: 178 10-26-62

Patient's Name Timmons Eleanor (Last Name) (First Name) Age 47 Sex M F ✓

Address 11 Yardley Terr Repeal YES NO ✓

Specimen: CERVIX ✓ VAGINA OTHER

L.M.P. 10-10-62 Menorrhagia 0 Metrorrhagia 0

Estrogen Therapy: NO ✓ YES From To

Radiation Therapy: NO ✓ YES From To

CLINICAL IMPRESSIONS: NORMAL ✓ ABNORMAL MALIGNANCY

REMARKS:

FOR INTERPRETATION SEE REVERSE SIDE

REPORT: NEGATIVE PLEASE REPEAT ☐
(Negative, Suspicious, Positive, Unsatisfactory)

COMMENT:

Examined By: [illegible] Check: Date: 10-30-62

NAME OF PHYSICIAN: Jos J. [illegible] MD

ADDRESS: 123 Berkeley St Roch 11 NY

(Phone No.) NO. STREET CITY ZONE STATE

PRINT OR TYPE PLAINLY — THIS IS YOUR RETURN ADDRESS

BEAR DOWN FIRMLY—PLEASE—COPY MUST BE LEGIBLE

Foods e
Co
Cr
Eg
Fi
Me
Ba

Butter, be used in

Breakfast
Prunes or prune juice
Oatmeal with cream
Soft cooked egg
Crisp bacon
Buttered toast
Coffee with cream and sugar

Lunch
Macaroni and cheese
Celery, apple and nut salad with mayonnaise dressing
Buttered rolls
Bread pudding
Glass of milk

Dinner

Oysters on half shell
Cream of asparagus soup
Baked fish
Baked potato
Broccoli
Custard pie
Tea or milk

Breakfast
Pear (chilled) or cranberry juice
Cream of wheat with cream
Poached egg on toast
Bran muffins with butter
Coffee with cream and sugar
or
milk

Lunch
Beef broth with crackers
Rice
Toast with butter
Tapioca pudding with cranberry sauce
Tea or milk

Dinner

Roast beef
Potatoes
Corn or corn soup
Lettuce salad with mayonnaise dressing
Sponge cake with chocolate sauce
Milk

Foods to be omitted:

Apricots
Beans (lima)
Cabbage
Carrots
Cauliflower
Chard
Cucumbers
Figs
Lemons
Oranges
Olives
Parsnips
Peaches
Pineapple
Raspberries
Spinach
Stringbeans

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Mrs Timmons (2)

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1-31-56 – Pain in upper abdomen since [illegible] R. Back to see – diff. breathing. Tension discussed c̄ pt. Rx Thorazine 25 mg t.i.d. P.C.

3 wks.
15 min.
5

2-18-56 – Ears ache – Very weak + Paresthesias + [illegible] – [illegible] [illegible] [illegible] [illegible] – Pain [illegible] pt. (ears + jaw). Ears – heart – R. Trigger pts. of pain. Discontinue Thorazine.

Rx Miltown t.i.d. #36 PRN –

Call 5 –
Quart 2 –
7 –

~~Hb~~ 11.5 gm. (80%) RBC 4.2

10-26-62 In PE for 1½ yrs. Under Dr. Heckel's care. Depression c̄ return of sensitivity in pelvic area for a no. of yrs. Had [illegible] [illegible] 5-8. [illegible] [illegible] – [illegible] [illegible] of days, [illegible] [illegible] – [illegible] [illegible] [illegible] [illegible]. Had post natal depression for about 2 months – then ok when depression [illegible] [illegible] 2-3 mos. Loss of interest + anxiety. [illegible] Walker Clinic. Ref'd Heckel's. Then Dr Kelly (Aug '57) PRN. Still his pt. Takes [illegible] [illegible]. Since [illegible] Has not seen Heckel for 1½ yrs. 1 yr ago – Anal tub. but unrecovered → after period 5-7 d. at present – Same Pelvic Sensitivity [illegible] Very little until pressure toward end of period – Depressed after menses lasts 4-5 d. – Previous tension [illegible] "Spells" when [illegible] [illegible] 1 day [illegible] [illegible].

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Daniel B. Schuster, M.D.
Strong Memorial Hospital, Wing R
260 Crittenden Boulevard
Rochester 20, New York

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March 6, 1956

Dr. J. Wm. Quinlan
315 Alexander Street
Rochester, New York

Dear Bill:

I saw your patient, Mrs. Eleanor Timmons, on February 29 and on March 2nd. I am planning to see her for a while longer in order to arrive at a clearer idea of the diagnosis and possible treatment.

I was initially struck by the very long history of pain in this woman. Since her marriage some 18 years ago she has virtually not been without pain at any time except for a few very short intervals. This pain has been variously diagnosed and attributed to a variety of causes, but a great deal of it seems atypical to me and she has not responded to a great number of therapeutic attempts. I strongly suspect that this is the sort of thing we see in strongly masochistic personalities and it has a very poor prognosis. Interestingly this patient's mother was "ill all her married life" and was of the long-suffering martyr type.

These patients characteristically have a negative therapeutic response, in that many things used to attempt to alleviate the symptoms often aggravate them. In this connection, her responses to thorazine seems to be typical. She says it made her feel upset. Since stopping the drug she has felt some better.

I will do what I can to help her, but I have serious doubts that anyone can modify the course of this woman's illness. She will most likely continue to go from doctor to doctor as she has in the past. I will let you know later on of any marked changes. Thank you for referring this interesting woman.

Sincerely yours,

Daniel B. Schuster, M.D.

DBS:jp

3/9/63: Hb.-13.5gm.(94%) Ht.-41%

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[illegible]

Cont'd of Sleep. Aching breasts pre menses [illegible] on hormones now, no discharge taken again. No acute dysuria, Renal; of Menses — Fairly reg. — q 21 - 28 D. Last 6-7 D. Heavy 3-4 D. No cramps — spotting in the past (3-4 mos ago) none last 2 [illegible] menstrual intervals. G.U. — no burning, dysuria — occas. nocturia — G.I. appetite OK — no food intoler. Gas at x, no cramps or diarrhea since SL menses.

FH: — Father L — Cirrhosis of liver 3 Bro — L (1 [illegible]) Mother (stroke in past) L-W, 2 sisters L & W. Head — Headaches rarely — Skin — Itching at x. Allergy — neg.

Skel — Pain 3-4 fingers at [illegible] at x. [illegible] numbness, pain of fingers at menses at x.

Respir. — Few colds, at x chest tightness — when [illegible] & when hormones taken. C.V. — no dyspnea — [illegible] of ankles in [illegible]. Metab. — [illegible] many symptoms when off the [illegible] → N. Nerve [illegible] at x. [illegible] [illegible] of fatigue & tension.

1 cc Flu Vaccine (#1)

P.E.: 147½ (S) P 60 Reg. 120/70. PE incl P & R — N except for 2° inflammation of [illegible] (Pap smear made) & [illegible]

Rx Hydrochlor. 50 cm PRN #12 × 10 —

Hb. — 10.5 gm. (74%) WBC — 4,600 Ht. — 34% (PE + EKG + [illegible]) 35 —

Straw 1.008 A & S — neg Micro — 0

12-15-62 1 cc Flu (#2) Hb. — 10 gm. (70%) Ht. — [illegible] [illegible] 3 2

TIMMONS, Mrs. Eleanor (Hou 11 Jordan Ave. Paine

41 M Office worker - F.P. (Keller 4078-W) 182

(1)

1/17/56:- Past yr - trouble lower abd. Under treatmt
of Parker & H Norton, Pressure sens - constant -
Worse on lying down. Recently sharp pain in
rectum & pressure. Saw H. Norton - at 1st
diag endometriosis. Later went to Parker.
Urethritis found. Cleared. Meanwhile same
- [illegible]. Under Rx cont. - Last 3-4 wks / wk
pre mens & during mens. worse, no diarrhea
or constip. Menses reg. q 28 D. Last 7 days -
alternated 1 heavy & 1 light. period - [illegible]
clots, no urethr or stress - Getting no [illegible]
Appetite good. Loss 10 lbs - no diges symp.
Other symp. no nocturia recently - Stools - 2 [illegible]
mucus or bloody or tarry. Cystoscopy last for inter-
normal preg. In hosp for
[illegible] Eye / Head - N. Skin - N. Allergy - hay-
Spel - Lower back aches. Referred to [illegible]
Resp - N. Chest film within mo. C-V -
[illegible] for a time 3-4 mos, hot [illegible] G-I 81,
Tolerance [illegible] Prefers warm weather [illegible]
G-U P.I. [illegible] - 12 or 13 yrs ago -
Pain may [illegible] aware - [illegible] - [illegible]
Spastic colon (X - Rayed) [illegible] no child or [illegible]
Tense only [illegible]

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[illegible] operation for ruptured [illegible] [illegible] 183

appendix.

Had [illegible] after the daughter (age 11)

born, Persisted 5-6 yrs. (Right leg)

Bursitis

F.H.: Father L & W

Mother D-65- Cerebral tumor

3 Bro & 2 Sisters L.

1 neuritis

1 Sl shaker

1 "allergy"

P.E.: P-13 reg. 110/80 (allergy ?) 135½ - Cooperative

color N. no limit of motion or pain on bending

(back.) Ears N. Pupils & eye grounds N, Nose -

Throat - Teeth - Thy N. No tumor - KJ's N. No -

[illegible] [illegible] N. Lungs & heart N. Breasts N,

[illegible] - Tired - [illegible] [illegible] colon. L-S-K

not palp. Pelvic N. Rectal N. [illegible] [illegible] - neg.

Sx Disease

? Bromides

Rx Tr Bella - [illegible] [illegible] } PRN

Butisol 1/4 gr.

(2 wks. 15 min. 20 -)

Hb. - 12gm. (84%) WBC 5,900 sp. gr. 1.026

Alb. - tr. Sug. - neg WBC 20-25 RBC & Casts - 0

Exhibit 21

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February 10, 1975

Dear Dr. McVeigh.

On Feb 6th I had to attend a hearing for Social Security Disability. and after talking to me the Judge had requested my entire record, as Dr. Feinland's summary was not complete. He said that he would return it to you. Due to the fact that you now have all my records, I give my permission for you to release them to the Judge. Enclosed you will find an authorization form.

It is necessary to prove that I was disabled on or before Sept 30. 1970. I lost my job because of my condition in 1969 - then had surgery in 1970, and because of complications from the hemorrhoidectomy was treated for one year by Dr Dacks before going to Dr Remington.

I am now undergoing psychiatric treatment with Dr. Dunivin in the Lincoln County Health Clinic, and both he and Dr. Bradowe feel that I cannot work because of my condition, and they have

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EXHIBIT NO. 22 (2 pages)

submitted letters to this effect.
The records are to be sent to:

John J. Dempsey
Bureau of Hearings and Appeals
Room 560 - 1 West Genesee Street
Buffalo, New York 14202

I do appreciate your kindness to my husband and me, and will also be grateful to you for your co-operation in this matter, at your earliest convenience.

Sincerely,

Eleanor Simmons

ELMWOOD MEDICAL ASSOCIATES, P. C.

ROBERT E. WELLS, M.D.
ROBERT C. McVEIGH, M.D.
NINO M. TRUNFIO, M.D.

1580 Elmwood Avenue
Rochester, New York 14620
Phone: 716 - 473-8309

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February 14, 1975

John J. Dumpert
Bureau of Hearings and Appeals
Room 550-1 West Genesee Street
Buffalo, New York 14202

Re: Eleanor Timmons

Dear Mr. Dumpert:

As is requested on the enclosed letter from Mrs. Timmons and with her permission, I am forwarding to you her entire medical record which is in my possession.

You will note that the record consists basically of two parts, her original and lengthy record from Dr. Quinlan, who was her physician for many years and who is now retired and disabled, and one visit that she had with me on 9-9-74. In addition, the record contains a report that I requested from Dr. Robert G. Brodows, who apparently has been seeing her in endocrine consultation.

I would appreciate it when you have completely your review of this record, if you would return it to me.

Sincerely,

ELMWOOD MEDICAL ASSOCIATES, P.C.

Robert C. McVeigh, M.D.

RCM:mrm
Enclosure

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Exhibit
EXHIBIT NO. 23

Mrs. Eleanor Timmons, Cl
A/N 073-07-7917

Room 550 - 1 West Genesee Street
Buffalo, New York 14202
February 25, 1975

Dr. Robert C. McVeigh
1580 Elmwood Avenue
Rochester, New York 14620

Dear Dr. McVeigh:

We have reviewed the entire medical record of Mrs. Timmons which you were kind enough to send to us and have made photocopies of the reports. The entire medical record is returned to you via certified mail.

We wish to again thank you for yourcourtesy in this matter.

Sincerely yours,

John J. Dumpert
Administrative Law Judge

JJD:dfb
enclosures

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Exhibit 24

EXHIBIT NO. 24

APPENDIX "B"

THE GENESEE HOSPITAL
An Affiliated Hospital
of
THE UNIVERSITY OF ROCHESTER
SCHOOL OF MEDICINE AND DENTISTRY
224 Alexander Street
Rochester, New York 14607

DEPARTMENT OF PSYCHIATRY

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December 6, 1975

Mr. Ian C. DeWaal, Law Clerk
Monroe County Legal Assistance Corporation
80 West Main Street
Rochester, New York 14614

Dear Mr. DeWaal:

In response to your request for information about Eleanor Timmons' mental and physical condition from 1968 to 1970, I can provide the following data from my clinical records.

As you know, I first saw Mrs. Timmons on November 9, 1974, when she was referred by Dr. Robert Brodows for evaluation of depression. The history that I obtained on that date was somewhat rambling and disorganized; and it was, therefore, supplemented on November 20, 1974, with the patient's own handwritten, chronologic description of her medical history. I learned that the patient first saw a psychiatrist in 1959 when she became depressed after the death of her nine-day old infant. Since that time, the patient has had recurrent episodes of "nerves and depression." I believe she was referring to anxiety, crying spells, and emotional lability. Her own handwritten medical history indicates that she was working at Waldert's in the fall of 1968. She was hospitalized in December, 1968, for pneumonia, and apparently experienced three subsequent bouts of pneumonia which apparently culminated in the loss of her job sometime in 1969. She has not worked since. Her problems with hemorrhoids were apparently ongoing and led to hemorrhoidectomy in May, 1970.

Although my efforts to obtain history from Mrs. Timmons have concentrated on the period from 1971 until the present because this seemed to be the period of her present illness, I am able to draw certain tentative conclusions from the past history as I know it. Mrs. Timmons has described recurrent episodes of anxiety and depression; she has been treated over the years with a number of psychotropic medications; and it seems like her character style has been one of somaticizing her psychic conflicts. Therefore, I can assume that Mrs. Timmons' complaints over the last several years represent a combination of functional and organic components.

For the specific period in question, I conclude that she was disabled although it is difficult for me to decide whether this was partial

EXHIBIT AC-1 (2pg)

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or complete disability. Furthermore, I speculate that the seriousness of her symptoms may have been downplayed by her physicians because of the descrepancy between complaints and physical findings. Many patients with psychiatric illness are managed without psychiatric consultation because the primary manifestations of their illness are somatic in nature. Thus, the disabling quality of Mrs. Timmons' problems may have been underestimated and perhaps not properly identified as having major psychogenic factors. All of this is difficult to confirm by current examination, but it seems worthy of consideration.

I hope that the above information will be helpful to you in considering your appeal of Mrs. Timmons' case.

Yours truly,

Stephen Dvorin, M.D.

SD:ca

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APPENDIX "A"

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ELMWOOD MEDICAL ASSOCIATES, P. C.

ROBERT E. WELLS, M.D.
ROBERT C. McVEIGH, M.D.
NINO M. TRUNFIO, M.D.

1580 ELMWOOD AVENUE
ROCHESTER, NEW YORK 14620
PHONE: 716 - 473-8309

December 9, 1975

Ian C. DeWaal
Law Clerk
Monroe County Legal Assistance Corp.
80 West Main Street
Rochester, N.Y. 14614

Re: Eleanor Timmons
11 Jordan Avenue

Dear Mr. DeWaal:

I am in receipt of your letter of December 3, 1975, requesting my opinion on Mrs. Timmons health and state of disability in the twelve-month period both preceding and following September 30, 1970.

Unfortunately, I am unable to provide any information regarding this time span since Mrs. Timmons first came under my medical care and was first seen and examined by me on September 9, 1974. I do have in my possession the records of her previous physician, Dr. J. William Quinlan, who is now disabled himself. These records had been previously released to the Social Security Administration at Mrs. Timmons request and had been carefully reviewed by them. I would, of course, be pleased to make these records available to you if you felt they would be useful, but I am unable to specifically comment in a first-hand way on the contents since I was not involved with her at the time. Apparently, according to the record, Dr. Quinlan did submit a report to the Social Security Administration regarding Mrs. Timmons in approximately 1973, but this was considered to be inadequate.

It is my personal opinion in discussing this issue with Mrs. Timmons that one of the problems involved in this situation is that she has continued to present herself as a individual who has bizarre symptoms for what she feels are rare and unusual causes, such as, hormone imbalance, nutritional or vitamin deficiencies, hypoglycemia and other obscure, ill-defined, and non-provable reasons. It is my opinion that a careful review of Mrs. Timmons record might establish a reasonably strong case for this woman being disabled on the basis of a rather straight-forward emotional inadequacy without reference to numerous vague and bizarre causes for this problem. I did suggest to her that if she took this approach, in essence, calling a spade a spade, she might be far more successful. I strongly suspect that Social

EXHIBIT AC-2. (2pgs)

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Security is used to granting disabilities on the basis of emotional inadequacy, but probably has considerable difficulty with claims of unusual or chemical hormone imbalances that have not been proven or established.

I regret that I cannot be of further assistance to you, but Dr. Quinlan's record is available in my office for Mrs. Timmons to pick up and deliver to you, if you feel it will be helpful.

Sincerely,

ELMWOOD MEDICAL ASSOCIATES, P.C.

Robert C. McVeigh, M.D.

RCM:mrm

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UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK

ELEANOR TIMMONS, Plaintiff	:	CIVIL NO. 76-193
- vs -	:	NOTICE OF MOTION
DAVID MATHEWS, SECRETARY OF HEALTH, EDUCATION AND WELFARE, Defendant	:	

PLEASE TAKE NOTICE that on February 28, 1977, in the United States District Court at Rochester, New York at 10:00 a.m., or as soon thereafter as counsel can be heard, the ~~defendant~~ defendant herein will move this Court for an Order dismissing this case, or in the alternative for summary judgment, upon the grounds that the Secretary's decision is supported by substantial evidence, and in support of this motion the defendant relies on all the pleadings filed herein including the transcript of the administrative record filed with the Answer herein and the attached Memorandum of Law.

PLEASE TAKE FURTHER NOTICE that on the return date of this motion, February 28, 1977, the defendant will submit this motion to the Court for decision without oral argument.

Dated at Rochester, New York, January 19, 1977.

RICHARD J. ARCARA
United States Attorney

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By: EUGENE WELCH
Asst. United States Attorney

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK

ELEANOR TIMMONS,

Plaintiff,

vs.

F. DAVID MATHEWS, in his official capacity as Secretary of Health, Education and Welfare,

Defendant.

AFFIDAVIT OPPOSING MOTION

Civil No. 76-193

STATE OF NEW YORK)
COUNTY OF MONROE) ss.:

IAN C. DEWAAL, being duly sworn, deposes and says:

1. He is an attorney duly admitted to practice in this court and represents the plaintiff herein.

2. He is fully familiar with all the facts and circumstances of this case.

3. He makes this affidavit in opposition to defendant's motion for an Order either dismissing this action or granting summary judgment for the defendant.

4. The only question to be decided by the court is one of law, namely, was the decision of the defendant supported by substantial evidence.

5. As more fully stated in plaintiff's motion for an Order granting summary judgment and attached Memorandum of Law, the defendant's determination was not support by substantial evidence.

6. Your deponent has reviewed all the evidence in this case and the decision of the defendant denying plaintiff's claim and believes that the plaintiff has demonstrated that he is and has been disabled within the meaning of that term as defined in the Social Security Act.

WHEREFORE, your deponent respectfully requests that this court deny defendant's motion for an Order either dismissing this case or granting summary judgment for the defendant, and grant plaintiff's motion for summary judgment.

S/ IAN C. DEWAAL

Sworn to before me, this
26th day of February, 1977.

S/ Gary Muldoon
Commissioner of Deeds
City of Rochester, N.Y.
Commission Exp. Nov 7, 1977

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK

ELEANOR TIMMONS, Plaintiff, -vs- DAVID MATHEWS, SECRETARY OF HEALTH EDUCATION AND WELFARE, Defendant.	CIVIL NO. 76-193 NOTICE OF MOTION

PLEASE TAKE NOTICE that on March 14, 1977, in the United States District Court at Rochester, New York at 10:00 a.m., or as soon thereafter as counsel can be heard, the plaintiff herein will move this Court for an Order denying defendant's Motion to Dismiss and for Summary Judgment, and will move this Court for an Order granting Summary Judgment to the plaintiff upon the grounds that the Secretary's decision is not supported by substantial evidence, and in support of this motion the plaintiff relies on all the pleadings filed herein including the transcript of the administrative record filed with the defendant's Answer herein and the attached Memorandum of Law, and the Affidavit Opposing Motion by Ian C. DeWaal, sworn to the 26th day of February, 1977.

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PLEASE TAKE FURTHER NOTICE that on the return date of this motion, March 14, 1977, the plaintiff will submit this motion to the Court for decision without oral argument.

Dated at Rochester, New York, February 24, 1977.

IAN C. DEWAAL, ESQ.
Monroe County Legal Assistance Corporation
80 West Main Street
Rochester, New York 14614

TO:

Richard J. Arcara
United States Attorney
Eugene Welch
Assistant United States Attorney, of Counsel
Federal Building
100 State Street
Rochester, New York 14614

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF NEW YORK

ELEANOR TIMMONS,

Plaintiff

- vs - CIVIL 76-193

F. DAVID MATHEWS, Secretary of Health, Education and Welfare,

Defendant

Ian C. DeWaal
80 West Main Street
Rochester, N.Y. 14614
Attorney for plaintiff

Eugene Welch
Assistant United States Attorney
for the defendant

By notice of motion with supporting papers filed January 24, 1977 the defendant moved for an order to dismiss the action, or, in the alternative, for summary judgment on the ground that the Secretary's decision is supported by substantial evidence.

By notice of motion filed March 1, 1977 the plaintiff moved for summary judgment.

This action is brought under Section 205(g) of the Social Security Act as amended, 42 U.S.C. 405(g) to review a final determination of the Secretary which denied plaintiff's claim for disability insurance benefits.

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The only issue to be determined here is whether the Secretary's final decision that the plaintiff was not under a disability is supported by substantial evidence.

The Secretary's determination is supported by substantial evidence. The Secretary is entitled to summary judgment adjudging that the Secretary's decision that plaintiff was not under a disability is supported by substantial evidence.

SO ORDERED.

Harold P. Burke

HAROLD P. BURKE
United States District Judge

June 30, 1977.

JUDGMENT ON DECISION BY THE COURT — CIV 32 (7-63)

United States District Court

FOR THE

WESTERN DISTRICT OF NEW YORK

CIVIL ACTION FILE NO. 76-193

ELEANOR TIMMONS

vs.

F. DAVID MATHEWS, Secretary of Health, Education and Welfare

JUDGMENT

This action came on for ~~XXX~~ (hearing) before the Court, Honorable Harold P. Burke, United States District Judge, presiding, and the issues having been duly ~~XXX~~ (heard) and a decision having been duly rendered,

It is Ordered and Adjudged that the Secretary's determination is supported by substantial evidence. The Secretary is entitled to summary judgment adjudging that the Secretary's decision that plaintiff was not under a disability is supported by substantial evidence.

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